

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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

ADDRESS (number and street) PO Box 26141

Check if different than previously reported. (ACC) Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00573154

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 Christopher M. Marston

Signature of Treasurer Christopher M. Marston [Electronically Filed] Date 05 / 04 / 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.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

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="2015"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2135080.80"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="9610124.44"/> | <input type="text" value="13068795.22"/> |
| (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="11745205.24"/> | <input type="text" value="13068795.22"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="6973701.25"/> | <input type="text" value="8297291.23"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="4771503.99"/> | <input type="text" value="4771503.99"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

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)..... | 8051466.09 | 10903395.72 |
| (ii) Unitemized | 1541808.06 | 1645484.52 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 9593274.15 | 12548880.24 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 11500.00 | 514000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 9604774.15 | 13062880.24 |
| 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)..... | 5350.29 | 5914.98 |
| 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 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))..... ▶ | 9610124.44 | 13068795.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 9610124.44 | 13068795.22 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 5221632.76 | 6519513.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 5221632.76 | 6519513.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 52000.00 | 52000.00 |
| 24. Independent Expenditures (use Schedule E) | 1693909.65 | 1719618.78 |
| 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 | 6158.84 | 6158.84 |
| (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))..... | 6158.84 | 6158.84 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 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)) .. | 6973701.25 | 8297291.23 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6973701.25 | 8297291.23 |

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) | 9604774.15 | 13062880.24 |
| 34. Total Contribution Refunds (from Line 28(d)) | 6158.84 | 6158.84 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9598615.31 | 13056721.40 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 5221632.76 | 6519513.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 5350.29 | 5914.98 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 5216282.47 | 6513598.63 |

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`#H9A=N5HCB

Form/Schedule: F3XA

Transaction ID :

The previous amendment included draft information that has been replaced with the correct and accurate information in this version. We also noticed that some of the text was missing, we have made sure it is all showing. This amendment is in response to the letter requesting additional information dated March 27, 2016. The letter identifies four items that the Commission is requesting additional information about. We will respond to each individually. The first item requests additional information on the identification of individuals who contributed in excess of \$200 in a calendar year. The Committee recognizes that there were a number of donors whose addresses and employer name and occupation was inadvertently left out due to an administrative error when importing the records. We have fixed this and have included the addresses, employer names and occupations for all donors for which we have the information. In addition, the Committee makes our best effort to collect this information by making sure the original solicitation contains a clear and conspicuous request for the required contributor information and making it clear that federal law requires the information be reported. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. The second item is regarding the itemized disbursements. As requested, we have reviewed the descriptions for the disbursements and where necessary provided additional descriptions for those disbursements. The third item is regarding certain itemized disbursements which did not include addresses. We have reviewed all disbursements and itemized disbursements adding all information available. The fourth item is regarding Schedule E. With respect to the 48-Hour Independent Expenditure Reports filed on December 5 relating to Independent Expenditures disbursed on December 1, the Committee disbursed \$3762.94 in digital advertising in each of the listed states on December 1 and public dissemination began on December 1. However, the digital advertising was spread evenly throughout the month of December, so the \$10,000 threshold with respect to the states listed was not reached until much later in December. Only the last \$93.73, about 2.5% of the total disbursement, caused the IE total to aggregate to \$10,000 or more. That amount likely reflects only a portion of the advertising publicly disseminated on December 31.

Form/Schedule: F3XA

Transaction ID:

While preparing the amended report to respond to the Commission's request for additional information, we found that we have left some disbursements off of the original report. We have added these disbursements to this amendment. Specifically there were some payments in November and December to Conservative Connector, Targeted Victory LLC and Campaign Solutions, as well as a payment to Mail Haus that had been inadvertently omitted. Also, in an effort to make sure that the disbursements are clear and complete, we added the overall disbursements to media consultants which were then paid out as independent expenditures in schedule B, Line 21. We then showed negative entries on schedule B, Line 21 for all of the independent expenditures which show up on Schedule E, Line 24IE. We have reference the schedule E, Line 24IE on the Line 21 expenditure and the negative expenditures. In addition there were some additional donations and in-kind donations that were inadvertently not included on the original report that and have included on this amendment. The Committee will be filing amended reports for the Feb, March and April monthly reports to reflect the changes in the cash on hand.

**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 7 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DR. NARAYAN BELLAMKONDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 35TH AVE NW
 City State Zip Code
 GIG HARBOR WA 98335-7840
 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 ▼
 0.00

Date of Receipt
 08 / 20 / 2015
Transaction ID : SA11.104493
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. RONALD ABATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3327 MIST COURT
 RPABATE@YAHOO.COM
 City State Zip Code
 LAS VEGAS NV 89135-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED FROM MOBIL CORPORATION RETIRED FINANCIAL EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.118851
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT ACKERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 MANDOLIN DRIVE
 ROBERTACKERT@BELLSOUTH.NET
 City State Zip Code
 MADISON AL 35758-8169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED INTERNAL AUDITOR & CERTIFIED FRAUD E
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 09 / 2015
Transaction ID : SA11.118859
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 8 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AARON ADAIR
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 510092
ADAIR65@YAHOO.COM

City KEALIA State HI Zip Code 96751-0092

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

Name of Employer SELF Occupation RETIRED CHIROPRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118932

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. DAVID ADANTE
Full Name (Last, First, Middle Initial)

Mailing Address 8414 OXFORD CHASE CIRCLE NW

City MASSILLON State OH Zip Code 44646-7871

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

Name of Employer THE DAVEY TREE EXPERT COMPANY Occupation EXECUTIVE MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123852

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. DANIEL AGIUS
Full Name (Last, First, Middle Initial)

Mailing Address 426 FEDERAL ROAD

City BROOKFIELD State CT Zip Code 06804-2018

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

Name of Employer NORDEX, INC Occupation IT'S PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108060

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES AGONIS
Full Name (Last, First, Middle Initial)

Mailing Address 9294 HECKSCHER DR.

City JACKSONVILLE State FL Zip Code 32226-2417

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11.125495

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. JOHN ALBRITTON
Full Name (Last, First, Middle Initial)

Mailing Address 3113 JAMESTOWN DRIVE
JNAJR@MINDSPRING.COM

City MONTGOMERY State AL Zip Code 36111-1214

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : SA11.118905

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. DOUGLAS ALCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 8235 DOUGLAS AVE., SUITE 945

City DALLAS State TX Zip Code 75225-6017

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

Name of Employer FOREMARK, LTD Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11.100801

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 10 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CARMEL ALDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7510 MAISONS COURT
 City INDIANAPOLIS State IN Zip Code 46278-1582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 15 / 2015
Transaction ID : SA11.124384
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. THOMAS ALFANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 N QUAIL RUN PLACE
 City PARADISE VALLEY State AZ Zip Code 85253-7051
 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 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123914
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. SUSAN ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 SAIGON ROAD
 City MCLEAN State VA Zip Code 22102-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IIS/USPAACC Occupation ATTORNEY/BUSINESS EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.136712
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM ALLRED
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1533
 City LAKE OSWEGO State OR Zip Code 97035-0509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HALLMARK INNS & RESORTS INC. Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.128968
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JANET ALLYN
 Full Name (Last, First, Middle Initial)
 Mailing Address 525GULFSHOREBLVDN PEALRALLYN@MAC.COM
 City NAPLES State FL Zip Code 34102-
 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 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.118942
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GLENDA CHARLENE AMELIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5940 LAKE GENEVA DR
 City RENO State NV Zip Code 89511-5047
 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 0.00

Date of Receipt 12 / 02 / 2015
Transaction ID : SA11.137367
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRETT AMES
Full Name (Last, First, Middle Initial)

Mailing Address 7490 MOORE HOUSE COURT

| | | |
|------------------|-------------|------------------------|
| City MANASSAS | State VA | Zip Code 20111-2960 |
|------------------|-------------|------------------------|

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

| | |
|--------------------------|---------------------------------|
| Name of Employer SELF | Occupation SOFTWARE ENGINEER |
|--------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.133786

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. DOUGLAS ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 6 LEXINGTON CT

| | | |
|-----------------|-------------|------------------------|
| City MIDLAND | State MI | Zip Code 48642-3536 |
|-----------------|-------------|------------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer SAGINAW VALLEY STATE UNIVERSITY | Occupation UNIVERSITY INSTRUCTOR |
|---|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11.123929

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 1339 N 138TH ST

| | | |
|---------------|-------------|------------------------|
| City OMAHA | State NE | Zip Code 68154-5101 |
|---------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11.137054

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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 13 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY JOY ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 N 138TH ST
 City OMAHA State NE Zip Code 68154-5101
 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 ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137194
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. ROBERT ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1621 GLENDALE
 City EDMOND State OK Zip Code 73034-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF OKLAHOMA HEALTH SCIENCES
 Occupation PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.103326
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. ROXAN ANDERES
 Full Name (Last, First, Middle Initial)
 Mailing Address 6617 OAK HERITAGE
 City EDMOND State OK Zip Code 73025-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PINNACLE BUSINESS SYSTEMS
 Occupation NONE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123973
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. S. MICKEY ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6711 DAVENPORT ST
 City OMAHA State NE Zip Code 68132-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAXTER AUTO GROUP Occupation CAR DEALER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137215
 Amount of Each Receipt this Period 4000.00
 Memo Item
 CONTRIBUTION

B. STEPHEN ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 FAIRWAY PL
 City HALF MOON BAY State CA Zip Code 94019-2268
 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 0.00

Date of Receipt 10 / 13 / 2015
Transaction ID : SA11.124385
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. JAMES ANDREA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4487 FOOTHILL TRAIL
 City VADNAIS HEIGHTS State MN Zip Code 55127-6002
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133794
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4750.00 |
| 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 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. NANCY ANETSBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 426 THE LANE
 City HINSDALE State IL Zip Code 60521-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HINSDALE POLICE DEPARTMENT Occupation INVESTIGATIONS ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.100675
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. WYNNE ANGELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 WEST HERRO LN
 City PHOENIX State AZ Zip Code 85013-2775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMOLOYED Occupation MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 12 / 2015
Transaction ID : SA11.105964
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT ANSPACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 EAST FRONT STREET
 City PERRYSBURG State OH Zip Code 43551-2135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANSPACHLAW Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.128977
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES ANTHONY
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 OBERLIN RD
 SUITE 400
 City RALEIGH State NC Zip Code 27605-1357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANTHONY AND COMPANY Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133797
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. RONALD H. APEL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 159
 City VINEMONT State AL Zip Code 35179-0159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APEL STEEL CORPORATION Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110138
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ALICE APOSTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 164 CHAPEL LN
 City MADISON State MS Zip Code 39110-9069
 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 ▼ 0.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11.105889
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN ARATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5928 GLENDORA AVENUE
 City DALLAS State TX Zip Code 75230-5052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAIMAN ENERGY II, LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.133801
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. KRISS ARBURY
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 S. MERIDIAN RD
 City MIDLAND State MI Zip Code 48640-7831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110228
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. JOHN ARMACOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 RUNNYMEDE DRIVE
 City NORTH HAMPTON State NH Zip Code 03862-2328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133805
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. EDWARD ARMISTEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 VISTA DRIVE
 City MANHATTAN BEACH State CA Zip Code 90266-2157
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123931
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. ALAN ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 FRIER LN
 City LADERA RANCH State CA Zip Code 92694-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VISION SOLUTIONS Occupation CTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11.124986
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. GORDON ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46925 ALOE COURT
 City FREMONT State CA Zip Code 94539-7201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA MONITOR CORPORATION Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.128984
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 19 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SCOTT ARNOLD
Full Name (Last, First, Middle Initial)

Mailing Address 2968 RIDGEWOOD RD, NW

City ATLANTA State GA Zip Code 30327-1927

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

Name of Employer IRON TREE CAPITAL LLC Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.102837

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. JEFFREY ARONSON
Full Name (Last, First, Middle Initial)

Mailing Address 19 OVERLOOK DR.
JARONS@OPTONLINE.NET

City GREENWICH State CT Zip Code 06830-6713

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

Name of Employer SELF Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118953

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. JOSEPH ARTON
Full Name (Last, First, Middle Initial)

Mailing Address 1040 WHITE GATE RD

City ALAMO State CA Zip Code 94507-2802

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

Name of Employer SELF EMPLOYED Occupation COMMERCIAL REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132575

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. DANNY ASHCRAFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 AUBURN WOODS DRIVE
 City VISTA State CA Zip Code 92081-7557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN CNC INC. Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123984
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

B. RANDALL ASKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 600098
 City DALLAS State TX Zip Code 75360-0098
 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 ▼ 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.130819
 Amount of Each Receipt this Period 750.00
 Memo Item
 CONTRIBUTION

C. SCOTT ATKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 STILL FOREST DR.
 City DALLAS State TX Zip Code 75252-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.130900
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SHERI AUCLAIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11650 CEDAR PASS
 City MINNETONKA State MN Zip Code 55305-2970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation STAY-AT-HOME MOM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.107618
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. PAUL AUGHTRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 W BROAD ST STE 500
 City GREENVILLE State SC Zip Code 29601-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WINDSAR AUGHTRY COMPANY Occupation PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.130804
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. RALPH AURORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 MIFFLIN COURT
 City PLAINSBORO State NJ Zip Code 08536-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOT NEEDED Occupation NOT NEEDED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.107402
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY AUSTIN
Full Name (Last, First, Middle Initial)

Mailing Address 6720 IRON OAK DR.

City BAKERSFIELD State CA Zip Code 93312-5046

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.128456

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. STEVEN R. AUVIL
Full Name (Last, First, Middle Initial)

Mailing Address 6247 SAUTERNE DRIVE

City MACUNGIE State PA Zip Code 18062-8802

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

Name of Employer AIR PRODUCTS AND CHEMICALS, INC. Occupation CHEMICAL ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 11 / 2015
Transaction ID : SA11.108537

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. RONNY AVERY
Full Name (Last, First, Middle Initial)

Mailing Address 9469 WATERFORD OAKS DRIVE

City WINTER HAVEN State FL Zip Code 33884-2239

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

Name of Employer PINNACLE EXPRESS Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 29 / 2015
Transaction ID : SA11.104734

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 23 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANTHONY BABIAK
Full Name (Last, First, Middle Initial)

Mailing Address 3415 E BARRINGTON DR.
RUPERT1964@YAHOO.COM

City ORANGE State CA Zip Code 92869-2579

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

Name of Employer V & M PLATING CO Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.119069

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. BRIAN BABST
Full Name (Last, First, Middle Initial)

Mailing Address 364 WEST 18TH STREET 5E

City NEW YORK State NY Zip Code 10011-4448

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.128457

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. MR. KENNETH BACA
Full Name (Last, First, Middle Initial)

Mailing Address 1960 KELLOGG AVE

City CARLSBAD State CA Zip Code 92008-6581

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

Name of Employer KENDAL FLORAL SUPPLY Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.127938

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. ROBERT BACON

Mailing Address P.O. BOX 12039

City TALLAHASSEE State FL Zip Code 32317-2039

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

Name of Employer EARL BACON AGENCY Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128459

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. STEPHEN BAEHL

Mailing Address 2410 MCDUFFIE ST.
SABAEHL@GMAIL.COM

City HOUSTON State TX Zip Code 77019-6726

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

Name of Employer EXXON MOBIL CORPORATION Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119047

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOHN BAGWELL

Mailing Address 608 GARCIA STREET
JOHN.BAGWELL@YAHOO.COM

City SANTA FE State NM Zip Code 87505-2858

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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119050

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

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 25 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ROY W. BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4431 BROOKVIEW DR
 City DALLAS State TX Zip Code 75220-6401
 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 ▼ 0.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11.109055
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. WILLIAM BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18453 NICKLAUS WAY
 City EDEN PRAIRIE State MN Zip Code 55347-3441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARPET KING, INC.
 Occupation BUSINESS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : SA11.108176
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DIERDRE BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 655
 YUCAN2@AOL.COM
 City EDWARDS State CO Zip Code 81632-0655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A
 Occupation RETIRED BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 14 / 2015
Transaction ID : SA11.118883
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 26 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. JANNIS BALDWIN

Mailing Address 4500 CHRISTOPHER DRIVE

City State Zip Code
AUSTIN TX 78746-2448

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 ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015
Transaction ID : SA11.132585

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. STEVE BALDWIN

Mailing Address 774 MAYS BLVD #10-642

City State Zip Code
INCLINE VILLAGE NV 89451-9669

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

Name of Employer Occupation
CITY BUILDING INC CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2015
Transaction ID : SA11.123911

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. MICHAEL BALFE

Mailing Address 625 CARLYON AVE SE

City State Zip Code
OLYMPIA WA 98501-3414

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

Name of Employer Occupation
GROUP HEALTH PERMANENTE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015
Transaction ID : SA11.103074

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JEANNE BALUSIK
Full Name (Last, First, Middle Initial)

Mailing Address 106 TURTLE LN
FPNSERVICES@FLOORPRONETWORK.COM

City SEGUIN State TX Zip Code 78155-3141

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

Name of Employer FLOOR PRO NETWORK INC. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119011

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. DOLORES BANDOW
Full Name (Last, First, Middle Initial)

Mailing Address 2062 HAWKS PEAK DR

City FLORENCE State MT Zip Code 59833-

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 ▼ 0.00

Date of Receipt
07 / 24 / 2015
Transaction ID : SA11.100718

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. KATE BANKS
Full Name (Last, First, Middle Initial)

Mailing Address 6528 WENONGA TERRACE

City MISSION HILLS State KS Zip Code 66208-1726

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

Name of Employer FERRELL CAPITAL Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
11 / 11 / 2015
Transaction ID : SA11.138676

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|--------|
| 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: (check only one) | PAGE 28 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DELMAR BANNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2840 COUNTY RD. 600E
 DBANNER@LBFLAW.COM
 City FISHER State IL Zip Code 61843-9738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIETZ BANNER FORD LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118992
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

B. FRANK BARBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5916 PARKRIDGE LANE
 DBARBER4@VERIZON.NET
 City ALEXANDRIA State VA Zip Code 22310-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 15 / 2015**
Transaction ID : SA11.119009
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. STUART BARDACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 14292 N GIANT SAGUARO PLACE
 City ORO VALLEY State AZ Zip Code 85755-8582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LONG REALTOY COMPANY Occupation REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11.123949
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 29 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 805 ALDWYCH CIRCLE
DAVIDBARNES0403@GMAIL.COM

City FRANKLIN State TN Zip Code 37069-4012

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118957

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. DAVID BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 805 ALDWYCH CIRCLE
DAVIDBARNES0403@GMAIL.COM

City FRANKLIN State TN Zip Code 37069-4012

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.118984

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ROBERT BARR
Full Name (Last, First, Middle Initial)

Mailing Address 1144 ASBURY AVENUE
BARRBOB@COMCAST.NET

City EVANSTON State IL Zip Code 60202-1137

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 ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.119089

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ELENA BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 GOLDENROD AVE
 City CORONA DEL MAR State CA Zip Code 92625-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EXPRESS COMPUTER SYSTEMS Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.106540
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MALCOLM BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2054 N OLD KETTLE DR.
 City PRESCOTT State AZ Zip Code 86305-3952
 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 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131600
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. SANDRA BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1185
 City ALTO State NM Zip Code 88312-1185
 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 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.110541
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 31 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SANDRA BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1185
 City ALTO State NM Zip Code 88312-1185
 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 **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.123974
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. WILLIAM E. BARROTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 EAGLE DR
 City JUPITER State FL Zip Code 33477-4066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 02 / 2015**
Transaction ID : SA11.111244
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. WALTER BARRY JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2960 GALE ROAD
 City WAYZATA State MN Zip Code 55391-2626
 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 **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.119116
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 32 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT F. BARTHOLOMEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 TIDE WATCH
 City NEWPORT COAST State CA Zip Code 92657-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WINDJAMMER CAPITAL INVESTORS Occupation INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11.109235
 Amount of Each Receipt this Period 15000.00
 Memo Item
 CONTRIBUTION

B. BUFORD BASHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 KUHLMAN RD
 BTBASHAM@DIVERSEGP.COM
 City HOUSTON State TX Zip Code 77024-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.118919
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. HERBERT BASKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 YALE AVE
 City KENSINGTON State CA Zip Code 94708-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123993
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HERBERT BASKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 YALE AVE
 City KENSINGTON State CA Zip Code 94708-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : SA11.124387
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. DAVID BASSETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 RIVERVIEW BLVD W
 City BRADENTON State FL Zip Code 34209-2036
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11.100803
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DAVID BATTEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8031 DOUGLAS AVE SE
 City SNOQUALMIE State WA Zip Code 98065-9726
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11.124600
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| 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 34 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JULIA BAUMHART
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 POST HOUSE CT
 City BLOOMFIELD HILLS State MI Zip Code 48304-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KIENBAUM OPPERWALL HARDY & PELTON Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133869
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ROBERT BAZYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 RAINBOW ROAD
 City EAST GRANBY State CT Zip Code 06026-9763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMAND CORPORATION Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132605
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. BILL BEAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 REDBUD DR.
 City MENA State AR Zip Code 71953-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129015
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BILL BEAM
Full Name (Last, First, Middle Initial)

Mailing Address 1110 REDBUD DR.

City MENA State AR Zip Code 71953-2517

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

Name of Employer NA Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015

Transaction ID : SA11.132606

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. FRED BEANS
Full Name (Last, First, Middle Initial)

Mailing Address 6570 MEETING HOUSE RD

City NEW HOPE State PA Zip Code 18938-5644

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

Name of Employer FRED BEANS AUTO GROUP Occupation AUTO DEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.123861

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. RUDOLF BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 977 WEST HARSDALE RD.
RBBECKER@AOL.COM

City BLOOMFIELD HILLS State MI Zip Code 48302-2416

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

Name of Employer BECKER ORTHOPEDIC Occupation PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.119084

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 36 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RUDOLF BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 977 WEST HARSDALE RD.
RBBECKER@AOL.COM

City BLOOMFIELD HILLS State MI Zip Code 48302-2416

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

Name of Employer BECKER ORTHOPEDIC Occupation PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 28 / 2015
Transaction ID : SA11.124601

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. ELAINE BEDEL
Full Name (Last, First, Middle Initial)

Mailing Address 8911 DANDY CREEK DRIVE
ELAINEBEDEL@GMAIL.COM

City INDIANAPOLIS State IN Zip Code 46234-2824

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

Name of Employer BEDEL FINANCIAL CONSULTING, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11.119096

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. CHARLOTTE BEECHER
Full Name (Last, First, Middle Initial)

Mailing Address 9944 E STELLA RD
CBEECHER13@COX.NET

City TUCSON State AZ Zip Code 85730-3159

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

Name of Employer INSTITUTE FOR BETTER EDUCATION Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.118893

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 37 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHRYN BEGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 MEADE LN
 City ENGLEWOOD State CO Zip Code 80113-6024
 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 ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.133887
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MRS. ELSA P. BEHNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5034 ALTA CANYADA
 EPBEHNEY@AOL.COM
 City LA CANADA State CA Zip Code 91011-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER
 Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119078
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. CHARLES H. BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 28617 N. 94TH PL.
 CBELL@BMHLAW.COM
 City SCOTTSDALE State AZ Zip Code 85262-2344
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119026
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 38 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. RICHARD R. BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9960 BLOOMFIELD DR
 City OMAHA State NE Zip Code 68114-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137210
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. JONATHAN BELLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 CREOLE DR.
 JBELLIN@AUSTIN.RR.COM
 City AUSTIN State TX Zip Code 78727-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NATIONAL INSTRUMENTS Occupation SOFTWARE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119093
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. GARY BELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 MALLARD BAY
 GARBEAR@PRODIGY.NET
 City LEXINGTON State KY Zip Code 40502-3122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PRIVATE EQUITY INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119028
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6500.00 |
| 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 39 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. ROBERT BENDA

Mailing Address 608 PAINT PONY TRL N
BBENDA@WESTWOODCONTRACTORS.COM

City FORT WORTH State TX Zip Code 76108-4315

FEC ID number of contributing federal political committee.

Name of Employer WESTWOOD CONTRACTORS, INC. Occupation CHIEF EXECUTIVE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.118899

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. MICHAEL BENDER

Mailing Address 330 PEPPER AVE

City BURLINGAME State CA Zip Code 94010-6434

FEC ID number of contributing federal political committee.

Name of Employer SELF Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.107677

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KIM BENNETTS

Mailing Address 5511 WESTON DRIVE

City FULSHEAR State TX Zip Code 77441-4150

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.133900

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

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 40 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4611 SUNBURST DRIVE
 City DEFOREST State WI Zip Code 53532-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.132612
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. GARY BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 RED OAK RIDGE
 City BRANDON State MS Zip Code 39047-8283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11.124713
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DEBORAH BERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 CALLE ISABELLA
 City SAN CLEMENTE State CA Zip Code 92672-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.128468
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 41 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOAN BERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5887 OVERLAKE AVE
 City SAN DIEGO State CA Zip Code 92120-3913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INLAND INDUSTRIES GROUP LP Occupation PROPERTY MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127377
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ALBERT BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S. VILLAGE WAY
 ABERGER840@MAC.COM
 City JUPITER State FL Zip Code 33458-7828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118821
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MRS. TERRE BERGMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2417 WHITE STALLION ROAD
 City THOUSAND OAKS State CA Zip Code 91361-5093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 05 / 2015
Transaction ID : SA11.107001
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 42 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT BERLINER
Full Name (Last, First, Middle Initial)

Mailing Address 430 CASTLE PLACE
RBERLINER@WESTMOUNT.COM

City BEVERLY HILLS State CA Zip Code 90210-1858

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

Name of Employer WESTMOUNT ASSET MANAGEMENT LLC Occupation INVESTMENT ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SA11.118976

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ROBERT BERLINER
Full Name (Last, First, Middle Initial)

Mailing Address 430 CASTLE PLACE
RBERLINER@WESTMOUNT.COM

City BEVERLY HILLS State CA Zip Code 90210-1858

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

Name of Employer WESTMOUNT ASSET MANAGEMENT LLC Occupation INVESTMENT ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SA11.123840

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. GARY BERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3200 LOUIS DRIVE

City PLANO State TX Zip Code 75023-1110

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

Name of Employer SELF Occupation ATTORNEY AT LAW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SA11.124441

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 43 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY BERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 LOUIS DRIVE
 City PLANO State TX Zip Code 75023-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ATTORNEY AT LAW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129036
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MARIETTA E. BERNOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 7615 WOODRIDGE CIR
 City ALEXANDRIA State VA Zip Code 22308-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.109852
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOSEPH BERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 DOUGLAS AVE
 City ALTAMONTE SPRINGS State FL Zip Code 32714-2033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CERTIFIED FINANCIAL GROUP, INC Occupation CERTIFIED FINANCIAL PLANNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132625
 Amount of Each Receipt this Period 2750.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| 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 44 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DARLENE BETTERTON
Full Name (Last, First, Middle Initial)

Mailing Address 4611 MISTY RUN

City SAN ANTONIO State TX Zip Code 78217-1188

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

Name of Employer I AM THE OWNER Occupation CLEANING AND RESTORATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132150

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. KATHY BETTY
Full Name (Last, First, Middle Initial)

Mailing Address 1419 RIVER VISTA DR.

City ATLANTA State GA Zip Code 30339-2991

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

Name of Employer WNBA ATLANTA DREAM Occupation OWNER AND CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 08 / 2015
Transaction ID : SA11.137525

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

C. ROGER BEVERAGE
Full Name (Last, First, Middle Initial)

Mailing Address 1908 OAK VALLEY TERRACE

City EDMOND State OK Zip Code 73025-2532

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

Name of Employer OKLAHOMA BANKERS ASSOCIATION Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123946

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10500.00 |
| 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 45 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD BEVINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3941
 City SEDONA State AZ Zip Code 86340-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : SA11.105348
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. MANJU BEWTRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10601 STAPLEFORD HALL DRIVE
 City POTOMAC State MD Zip Code 20854-4450
 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 **0.00**

Date of Receipt **09 / 23 / 2015**
Transaction ID : SA11.127380
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. JASON BIECHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4201 SUNSET DR,
 City SPRING PARK State MN Zip Code 55384-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEALED AIR CORPORATION Occupation PRODUCT SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 22 / 2015**
Transaction ID : SA11.100611
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 46 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAY BIGELOW
Full Name (Last, First, Middle Initial)

Mailing Address 1009 E. SHADOW RIDGE

City CASA GRANDE State AZ Zip Code 85122-1709

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

Name of Employer CITY OF CHANDLER, AZ Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015

Transaction ID : SA11.107665

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. BARBARA D. BIGGI
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 29
BBIGGI4@IX.NETCOM.COM

City HOCKLEY State TX Zip Code 77447-0029

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

Name of Employer SEMI RETIRED Occupation ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11.119015

Amount of Each Receipt this Period
 300.00

Memo Item
CONTRIBUTION

C. MICHAEL BIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 2991 WEST MOR DRIVE

City CLARKSVILLE State TN Zip Code 37043-2403

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

Name of Employer AXA ADVISORS Occupation FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.127137

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| 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: (check only one) | PAGE 47 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL & SHARON BIONDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3499 UNION HILL RD
 City ALPHARETTA State GA Zip Code 30004-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132636
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. FRANK BITTINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15568 LACUNA DR.
 City MONUMENT State CO Zip Code 80132-6100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.123860
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GAETANE BLACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1249
 City CONIFER State CO Zip Code 80433-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOVING HUSBAND ! Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11.110487
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 48 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CYNTHIA BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 5711 COVEHAVEN DR.
BENZGIRL@SBCGLOBAL.NET

City DALLAS State TX Zip Code 75252-4934

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

Name of Employer N/A Occupation RETIRED CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.118882

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. CYNTHIA BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 5711 COVEHAVEN DR.
BENZGIRL@SBCGLOBAL.NET

City DALLAS State TX Zip Code 75252-4934

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

Name of Employer N/A Occupation RETIRED CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.123955

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. DONALD BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 3311 UPPER LAKES ESTATES DRIVE

City VALLEY PARK State MO Zip Code 63088-1426

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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015
Transaction ID : SA11.138174

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 49 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK BLACKWELL
Full Name (Last, First, Middle Initial)

Mailing Address 41985 CALLE CONTENITO
MARK@MARKBLACKWELL.COM

City TEMECULA State CA Zip Code 92592-9332

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

Name of Employer MARK BLACKWELL + ASSOCIATES Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2015

Transaction ID : SA11.118819

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. MICHAEL BLACKSTONE
Full Name (Last, First, Middle Initial)

Mailing Address 2358 RIVERSIDE AVENUE
106

City JACKSONVILLE State FL Zip Code 32204-4610

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

Name of Employer CHEMSTONE Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SA11.128471

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. WHITNEY BLAKESLEE
Full Name (Last, First, Middle Initial)

Mailing Address 27855 SARABETH LANE

City LAGUNA NIGUEL State CA Zip Code 92677-3712

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

Name of Employer ZINCNATION, INC. Occupation SMALL BUSINESS, MANUFACTURING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2015

Transaction ID : SA11.107342

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 50 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM BLANCHARD
Full Name (Last, First, Middle Initial)

Mailing Address 47 GLEN ALPIN RD

City MORRISTOWN State NJ Zip Code 07960-6727

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

Name of Employer WM. BLANCHARD CO. Occupation CONSTRUCTION MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.129056

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

B. ROBERT BLAND
Full Name (Last, First, Middle Initial)

Mailing Address 1512 WILLOW CREEK LANE

City DARIEN State IL Zip Code 60561-5394

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

Name of Employer LIFE QUOTES, INC. Occupation INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.124008

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

C. GEORGE BLANK
Full Name (Last, First, Middle Initial)

Mailing Address 433 WOOD HOLLOW DR.
 SUSAN_BLANKENBURG@AJG.COM

City NOVATO State CA Zip Code 94945-1452

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

Name of Employer 9384 Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : SA11.118902

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 51 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. GEORGE W. BLANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 148A OLD YORK ROAD
 City NEW HOPE State PA Zip Code 18938-1409
 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 ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110706
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MICHAEL BLASI
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 W HARBOR DRIVE #1401
 City SAN DIEGO State CA Zip Code 92101-7760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHANCELLOR GROUP, INC
 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103429
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. KENNETH BLESSING
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 758
 300 DEVILS WASHBOWL RD
 City MORETOWN State VT Zip Code 05660-0758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAUK CITY PHARMACY
 Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118935
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 52 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MS. MARY L. BLIVEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 SW 12TH STREET
 City REDMOND State OR Zip Code 97756-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110863
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. LAURENCE BLOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2273
 City RANCHO SANTA FE State CA Zip Code 92067-2273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PRIVATE INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.104944
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. RANDY BLUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10191 S. HIGHLAND LANE
 City OLATHE State KS Zip Code 66061-8404
 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 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.138103
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 53 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM BLUNT
Full Name (Last, First, Middle Initial)

Mailing Address 963 REEDS LANE
UGODEB@AOL.COM

City VICKSBURG State MI Zip Code 49097-9724

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 ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118994

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. DAN BOECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2911 TURTLE CREEK BLVD
#1240

City DALLAS State TX Zip Code 75219-6277

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124044

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

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

Mailing Address 8180 N PENNSYLVANIA ST

City INDIANAPOLIS State IN Zip Code 46240-2535

FEC ID number of contributing federal political committee. C

Name of Employer DELOITTE LLP Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137400

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 54 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ERIC BOELTER
Full Name (Last, First, Middle Initial)

Mailing Address W291N3821 ROUND HILL CIR

| | | |
|------------------|-------------|------------------------|
| City PEWAUKEE | State WI | Zip Code 53072-3165 |
|------------------|-------------|------------------------|

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

| | |
|---------------------------------------|-------------------------|
| Name of Employer BOELTER COMPANIES | Occupation PRESIDENT |
|---------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11.107867

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. CARL BOENDER
Full Name (Last, First, Middle Initial)

Mailing Address 1810 182ND STREET

| | | |
|-----------------|-------------|------------------------|
| City LANSING | State IL | Zip Code 60438-1737 |
|-----------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11.110428

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. JOHN R. BOGGS
Full Name (Last, First, Middle Initial)

Mailing Address 3900 RAILWAY AVENUE
JOHNRBOGG@DEEPSEAFISHERIES.COM

| | | |
|-----------------|-------------|------------------------|
| City EVERETT | State WA | Zip Code 98201-3840 |
|-----------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer DEEP SEA FISHERIES | Occupation PRESIDENT |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118827

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 55 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL BOHLANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4457 E. MARIN LAKES
 City PORT CLINTON State OH Zip Code 43452-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNSHINE LAND II LLC Occupation BUILDER-DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127382
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MARYANN BOKOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 SUNSHINE BLVD
 City TAVERNIER State FL Zip Code 33070-2434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.124030
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. MELISSA BOLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 CATHLOW DR.
 City RIVERSIDE State CT Zip Code 06878-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11.125076
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 56 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARSHALL BONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 PINE TREE TER.
 MARSHALL@MARSHALLBONECONST.COM
 City DELAND State FL Zip Code 32724-2967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARSHALL B BONE JR. Occupation GENERAL CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 26 / 2015
Transaction ID : SA11.118891
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GREG BONIFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1457 SCOTTS CREEK CIRCLE
 City MOUNT PLEASANT State SC Zip Code 29464-4769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.127963
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MARY BONIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 19918 COUNTRY LAKE DR.
 City MAGNOLIA State TX Zip Code 77355-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133971
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 57 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRENT BOOKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4268 CREEK VALLEY POINT
 City State Zip Code
 FLOWERY BRANCH GA 30542-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COUNTRY CHARM EGGS AGRICULTURE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015
Transaction ID : SA11.107691
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. BARRY BOOTH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7406
 BLB@SJEB.COM
 City State Zip Code
 SPANISH FORT AL 36577-7406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF DENTIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.118877
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. THERESA L. BOOTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3430 N RED BANK RD
 City State Zip Code
 EVANSVILLE IN 47720-2633
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.137394
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 11250.00 |
| 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 58 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KARL BORDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 6
 City GIBBON State NE Zip Code 68840-0006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PROFESSOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 06 / 2015**
Transaction ID : SA11.105500
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 CONTRIBUTION

B. LOLA BORDELON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5120 CORINTHIAN BAY DRIVE
 City PLANO State TX Zip Code 75093-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.132651
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. DOUGLAS R. BOSHEARS
 Full Name (Last, First, Middle Initial)
 Mailing Address 757 N KALAMAZOO AVE
 City MARSHALL State MI Zip Code 49068-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FORD AUTO DEALER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 03 / 2015**
Transaction ID : SA11.111161
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 59 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MADONNA BOSSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 ELLISTON WAY
 City CHESAPEAKE State VA Zip Code 23323-6657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133979
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BRENT BOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 4770 DUNLEITH ST
 City BEAUMONT State TX Zip Code 77706-7704
 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 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.123922
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOE BOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 BRAWLEY SCHOOL RD STE. E-1
 City MOORESVILLE State NC Zip Code 28117-6203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118852
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 60 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. EDWARD BOUDREAU
 Full Name (Last, First, Middle Initial)
 Mailing Address POOBOX 350
 City WINCHESTER State MA Zip Code 01890-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC RETIRED CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.127967
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. URIE BOULDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 BRIAR LANE
 400 BRIAR LANE
 City NEWARK State DE Zip Code 19711-3613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : SA11.118834
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. LINDY BOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5926 N PLACITA DE LA OLEADA
 City TUCSON State AZ Zip Code 85750-1271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SMARTSCHOOLSPLUS/CATALINA FOOTHILL TEACHER/INSTRUCTIONAL COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.123965
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 61 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT L. BOWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8239 CLEARWATER POINTE
 City INDIANAPOLIS State IN Zip Code 46240-4916
 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 ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137384
 Amount of Each Receipt this Period 2000.00
 Memo Item CONTRIBUTION

B. SANDRA BOYCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 CERVANTES RD
 City PORTOLA VALLEY State CA Zip Code 94028-7620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE
 Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.107818
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. CHRISTINA BOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 LOMA DRIVE
 City HERMOSA BEACH State CA Zip Code 90254-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTINA BOYLE, CPA
 Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 12 / 2015
Transaction ID : SA11.109263
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7250.00 |
| 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 62 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BILL BRADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 669
 City LITTLETON State CO Zip Code 80160-0669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 5280 WASTE SOLUTIONS LLC Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 06 / 2015
Transaction ID : SA11.109174
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. CHARLES BRADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 S. US HWY 421
 City ZIONSVILLE State IN Zip Code 46077-8843
 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 ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.127970
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CHARLES BRADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 S. US HWY 421
 City ZIONSVILLE State IN Zip Code 46077-8843
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133998
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 63 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT BRADLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2399 HIGHWAY 34
UNIT C

City MANASQUAN State NJ Zip Code 08736-1500

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

Name of Employer WINSTON BENEFITS Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11.124009

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. SAM BRADSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 1616 S VOSS RD
STE 650

City HOUSTON State TX Zip Code 77057-2642

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

Name of Employer TRIAD ENERGY CORPORATION Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.134001

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. MICHAEL BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 367 HARRINGTON CT

City CLAYTON State GA Zip Code 30525-2857

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 ▼
0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.103286

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 64 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. ANGELA FICK BRALY
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 ALVERNA DR
 City INDIANAPOLIS State IN Zip Code 46260-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRALY GROUP LLC Occupation BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137410
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

B. CHERYL BRAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 GREENWOOD ACRES DRIVE
 City DEKALB State IL Zip Code 60115-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134007
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MS. DIANA H. BRENNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12149 KINGFISHER COURT
 City INDIANAPOLIS State IN Zip Code 46236-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRENNER DESIGN Occupation ARCHITECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11.137419
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2750.00 |
| 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 65 OF 1266 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT BREWER
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 HARBOR DRIVE
 3604
 City SAN DIEGO State CA Zip Code 92101-6757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.123898
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DAVID BRICKNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 DESOTO ST
 City SAN FRANCISCO State CA Zip Code 94107-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JEWS FOR JESUS Occupation CLERGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 01 / 2015
Transaction ID : SA11.125620
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. CHERIE BRINKERHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1624 DESERT HILLS DR
 City HASLET State TX Zip Code 76052-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENCO Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.106318
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 66 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT BRINKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1761 SE 7TH ST
RBRINK@BRINKMANIG.COM

City FORT LAUDERDALE State FL Zip Code 33316-1403

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11.126941

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. MELVIN BRITTON
Full Name (Last, First, Middle Initial)

Mailing Address 25 ESQUILINE ROAD
MELVINCBRITTON@AOL.COM

City CARMEL VALLEY State CA Zip Code 93924-9704

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

Name of Employer WEITZ MEDICAL MANAGEMENT Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.119046

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. PETER BRITTON
Full Name (Last, First, Middle Initial)

Mailing Address P.O BOX 2327
BRKNDSFARM@AOL.COM

City SOUTH HAMILTON State MA Zip Code 01982-0327

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

Name of Employer SELF Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 08 / 2015
Transaction ID : SA11.119119

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| 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 67 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL BROCK
Full Name (Last, First, Middle Initial)

Mailing Address 624 WEST BROW RD

City LOOKOUT MTN State TN Zip Code 37350-1118

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

Name of Employer NA Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123890

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MARK BRODSKY
Full Name (Last, First, Middle Initial)

Mailing Address 535 MADISON AVE.

City NEW YORK State NY Zip Code 10022-4214

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

Name of Employer AURELIUS CAPITAL Occupation INVESTMENT MGR.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015
Transaction ID : SA11.107704

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

C. CHRISTOPHER BRODY
Full Name (Last, First, Middle Initial)

Mailing Address 115 MERCER STREET

City NEW YORK State NY Zip Code 10012-3972

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

Name of Employer STILLWATER LLC Occupation FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.103953

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5750.00 |
| 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 68 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DON BROESCH
 Full Name (Last, First, Middle Initial)
 Mailing Address W165 N11061 KINGS CT
 City GERMANTOWN State WI Zip Code 53022-4092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BROESCH & CO S C CPA/FP-RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.136719
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOANN BROUILLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 N 2ND ST APT 5H
 City LAFAYETTE State IN Zip Code 47901-1284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.137411
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. BOB BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 NO KIRBY PKWY
 City MEMPHIS State TN Zip Code 38120-8300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCL FINANCIAL GEOPU FINANCIAL ADVISOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123921
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 69 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 CANTERBURY RD
 City BIRMINGHAM State AL Zip Code 35223-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JEMISON INVESTMENT CO. INC. Occupation BUS EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.134046
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DR. DAVID R. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6303 N. PORTLAND AVE STE 304
 City OKLAHOMA CITY State OK Zip Code 73112-1466
 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 0.00

Date of Receipt 10 / 10 / 2015
Transaction ID : SA11.110947
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. IRVING BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4834 VILLA ENCANTO
 City EL PASO State TX Zip Code 79922-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127386
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 70 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | | |
|---|----------------------|--|---|
| Full Name (Last, First, Middle Initial) A. JASON BROWN | | | Date of Receipt MM / DD / YYYY 09 / 17 / 2015 |
| Mailing Address 66 EAST 79TH ST | | | Transaction ID : SA11.129086 |
| City NEW YORK | State NY | Zip Code 10075-0244 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer SELF | Occupation DOCTOR | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------|--|---|
| Full Name (Last, First, Middle Initial) B. JAY BROWN | | | Date of Receipt MM / DD / YYYY 08 / 08 / 2015 |
| Mailing Address 48372 SAPAQUE RD | | | Transaction ID : SA11.103167 |
| City BRADLEY | State CA | Zip Code 93426-6959 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer SELF | Occupation RANCHING | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|--|---|
| Full Name (Last, First, Middle Initial) C. KATHY BROWN | | | Date of Receipt MM / DD / YYYY 08 / 16 / 2015 |
| Mailing Address 213 LONGITUDE TRAIL | | | Transaction ID : SA11.104097 |
| City AUSTIN | State TX | Zip Code 78717-4952 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer IBM | Occupation MANAGER | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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 71 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 4931 WEBB CANYON ROAD #2

| | | |
|-------------------|-------------|------------------------|
| City CLAREMONT | State CA | Zip Code 91711-2147 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------------------|
| Name of Employer SELF | Occupation BUSINESS CONSULTANT |
|--------------------------|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11.105909

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. THOMAS BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 30 FREDRICK AVE.

| | | |
|------------------|-------------|------------------------|
| City ATHERTON | State CA | Zip Code 94027-2204 |
|------------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | Occupation RETIRED INSURANCE EXEC |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.128493

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. MR. W. PIERCE BROWNELL
Full Name (Last, First, Middle Initial)

Mailing Address 1610 TIBURON BLVD. #201

| | | |
|-----------------|-------------|------------------------|
| City TIBURON | State CA | Zip Code 94920-2554 |
|-----------------|-------------|------------------------|

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

| | |
|-----------------------------------|-------------------|
| Name of Employer SELF-EMPLOYED | Occupation CPA |
|-----------------------------------|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11.105056

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 72 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TAMMY BRUCE
Full Name (Last, First, Middle Initial)

Mailing Address 5850 W 3 RD ST #328

| | | |
|---------------------|-------------|------------------------|
| City LOS ANGELES | State CA | Zip Code 90036-6023 |
|---------------------|-------------|------------------------|

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

| | |
|--------------------------|----------------------------------|
| Name of Employer SELF | Occupation WRITER/BROADCASTER |
|--------------------------|----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.107495

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. ROBERT BRUDERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11565 EVERGREEN CREEK LANE

| | | |
|-------------------|-------------|------------------------|
| City LAS VEGAS | State NV | Zip Code 89135-1649 |
|-------------------|-------------|------------------------|

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

| | |
|--|---------------------------------|
| Name of Employer CANTERBURY WEALTH ADVISORS LLC | Occupation FINANCIAL ADVISOR |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.134059

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. KENNETH S. BRUNSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 215 CORONADO DR N

| | | |
|-------------------|-------------|------------------------|
| City KERRVILLE | State TX | Zip Code 78028-3814 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
07 / 27 / 2015
Transaction ID : SA11.100896

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 73 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HERBERT V. BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 507
 City ATOKA State OK Zip Code 74525-0507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109607
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. SALLY & CHRIS BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 80563 CAMINO SAN GREGORIO
 City INDIO State CA Zip Code 92203-7433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRYANT GROUP Occupation EXECUTIVE SEARCH CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124023
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. MORRIS BUCHANAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1832 INDEPENDENCE SQUARE SUITE B
 City DUNWOODY State GA Zip Code 30338-5166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132682
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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 74 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN BUCKINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 2768 KINSAIL DRIVE
 City TALLAHASSEE State FL Zip Code 32309-2255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF FLORIDA Occupation PROGRAMMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.105932
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DANIEL BUCKLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 DUCKWOOD LANE
 City PONTE VEDRA BEACH State FL Zip Code 32082-4159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOCUS ON INNOVATION, INC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA11.103891
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. DANIEL BUCKLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 DUCKWOOD LANE
 City PONTE VEDRA BEACH State FL Zip Code 32082-4159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOCUS ON INNOVATION, INC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108031
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 75 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHRIS BUDDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 664 TRADE CENTER BLVD
 City CHESTERFIELD State MO Zip Code 63005-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LABELS DIRECT, INC. Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124036
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. CECILY BUELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8355 DK RANCH RD.
 City FLAGSTAFF State AZ Zip Code 86005-8707
 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 0.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA11.103894
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. KIPP BUIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2141 POWERS FERRY RD SE
 City MARIETTA State GA Zip Code 30067-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AD OUT LOUD Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137562
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 76 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TYLER BULLINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 BARTLETT STREET
 City MILTON State WV Zip Code 25541-8595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BULLINGTON INS AGENCY INC Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11.111292
 Amount of Each Receipt this Period 235.00
 Memo Item
 CONTRIBUTION

B. WHITNEY BULLOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1440 S OCEAN BLVD. 3B
 City POMPANO BEACH State FL Zip Code 33062-7368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSEWIFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.131183
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. R GANTT BUMSTEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 MONTICELLO DRIVE
 City FORT WORTH State TX Zip Code 76107-1759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGB VENTURES, LLC Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 13 / 2015
Transaction ID : SA11.103862
 Amount of Each Receipt this Period 600.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1085.00 |
| 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 77 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT BURG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 MADISON PLACE
 City LA CROSSE State WI Zip Code 54601-5142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIDWEST CAPITAL SERVICES, LLC Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123899
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. PETER S. BURGESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4751 BONITA BAY BLVD UNIT 2202
 City BONITA SPRINGS State FL Zip Code 34134-0770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 06 / 2015
Transaction ID : SA11.110823
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOHN BURK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 CREEK ROAD
 JOYSEYDEVIL@COMCAST.NET
 City HAINESPORT State NJ Zip Code 08036-2773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.119021
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 78 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEVEN BURLESON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2479
 City MIDLAND State TX Zip Code 79702-2479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BURLESON PETROLEUM Occupation GEOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.124063
 Amount of Each Receipt this Period **2500.00**
 Memo Item
CONTRIBUTION

B. ROBERT BURLINGAME
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 WOODLAND HILLS BOBBURLINGAME@VERIZON.NET
 City SHERMAN State TX Zip Code 75092-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGB EYE ASSOCIATES, PA Occupation M.D.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.119122
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

C. JANET BERL BURMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1646 JAMES ST
 City SYRACUSE State NY Zip Code 13203-2816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ECONOMIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.123959
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 7750.00 |
| 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 79 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. C. NEAL BURNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2882 ALDERSGATE DR
 City State Zip Code
 GREENWOOD IN 46143-7196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MIDWEST CONSTRUCTORS PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.137386
 Amount of Each Receipt this Period
 13000.00
 Memo Item
 CONTRIBUTION

B. KATHRYN G. BURNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9804 NICHOLAS ST APT 102
 City State Zip Code
 OMAHA NE 68114-2169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.107096
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. KATHRYN G. BURNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9804 NICHOLAS ST APT 102
 City State Zip Code
 OMAHA NE 68114-2169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11.137048
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 19000.00
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 80 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SAMIR BURSHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 N WOODLAND STREET
 City State Zip Code
 WINTER GARDEN FL 34787-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRISM ONE GROUP INC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 06 / 2015
Transaction ID : SA11.134081
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MR. AUGUST A. BUSCH III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MID RIVERS MALL DRIVE
 STE. 210
 City State Zip Code
 ST. PETERS MO 63376-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANHEUSER-BUSCH RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11.106140
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

C. MR. AUGUST A. BUSCH III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MID RIVERS MALL DRIVE
 STE. 210
 City State Zip Code
 ST. PETERS MO 63376-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANHEUSER-BUSCH RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 25 / 2015
Transaction ID : SA11.109080
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75250.00
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 81 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN BUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 2279 ARBORCREST

City MOSCOW State ID Zip Code 83843-9106

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 ▼ 0.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11.102689

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

B. MIREILLE BUSER
Full Name (Last, First, Middle Initial)

Mailing Address 6132 COPPERHILL DRIVE

City DALLAS State TX Zip Code 75248-4977

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

Name of Employer NONE Occupation SOFTWARE DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134083

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ROBERTA J. BUTERA
Full Name (Last, First, Middle Initial)

Mailing Address 6432 CANEBRAKE RD

City MOBILE State AL Zip Code 36695-3818

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 ▼ 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109707

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 82 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT L. BYERS
Full Name (Last, First, Middle Initial)

Mailing Address 276 BRISTOL RD
BOBBYERS@VERIZON.NET

City CHALFONT State PA Zip Code 18914-2502

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 ▼ 0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.119079

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. CHARLES GRIFFIN CALE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 688

City PACIFIC PALISADES State CA Zip Code 90272-0688

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

Name of Employer SELF EMPLOYED Occupation PRIVATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
11 / 04 / 2015
Transaction ID : SA11.111415

Amount of Each Receipt this Period
28000.00

Memo Item
CONTRIBUTION

C. SHANNON CALLEWART
Full Name (Last, First, Middle Initial)

Mailing Address 6250 REX DR.

City DALLAS State TX Zip Code 75230-3431

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

Name of Employer SELF Occupation INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.123982

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 28750.00 |
| 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 83 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JEROME CAMERO
Full Name (Last, First, Middle Initial)

Mailing Address 5142 RAMONA VISTA WAY

City CARMICHAEL State CA Zip Code 95608-5416

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132702

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. TERRI CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 135 THUNDER HILL RD

City MOORESVILLE State NC Zip Code 28117-7327

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 ▼ 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.127155

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ANNE C CANFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 823 ORONOCO STREET

City ALEXANDRIA State VA Zip Code 22314-2219

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

Name of Employer CANFIELD & ASSOCIATES, INC. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.109133

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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

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

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|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS CANNON
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 ATLANTA COUNTRY CLUB DR.
 TOMGCAN@AOL.COM
 City MARIETTA State GA Zip Code 30067-4669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE DEVELOPER/INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119002
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MINNIE CAPPEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5637 BRIAR DRIVE
 City HOUSTON State TX Zip Code 77056-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132711
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MS. MARCIA CARABELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 SEAGATE DR
 City DELRAY BEACH State FL Zip Code 33483-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BELLE HOLDINGS, INC. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.109958
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 85 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAT CARLISLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BEACH DR. SE #2011
 City ST. PETERSBURG State FL Zip Code 33701-3957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HUB INTERNATIONAL Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 05 / 2015
Transaction ID : SA11.130525
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. REX CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6100 KINGS VIEW DR. UNIT 101
 City GRAND FORKS State ND Zip Code 58201-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDGEWOOD MANAGEMENT GROUP LLC Occupation EXECUTIVE - CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.134122
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOSEPH CARLUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 287A BELDEN HILL ROAD
 City WILTON State CT Zip Code 06897-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUDDY & FEDER LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.127992
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 86 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DENNIS CARLYLE
Full Name (Last, First, Middle Initial)

Mailing Address 1611 NORTH BLVD
DRCARLYLE@GMAIL.COM

City HOUSTON State TX Zip Code 77006-6329

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.119031

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. DON CARNIE
Full Name (Last, First, Middle Initial)

Mailing Address 10439 HENEY CREEK PL
ECHOPDC@AOL.COM

City CUPERTINO State CA Zip Code 95014-0828

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

Name of Employer SELF Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.118830

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. FRANK CARROLL
Full Name (Last, First, Middle Initial)

Mailing Address 11937 DENTON DR.
102

City DALLAS State TX Zip Code 75234-7235

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

Name of Employer DPS TECK LLC Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.118926

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 87 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DR. ROBERT CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2241 CENTURY HILL
 City State Zip Code
 LOS ANGELES CA 90067-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : SA11.138695
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. DR. ROBERT CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2241 CENTURY HILL
 City State Zip Code
 LOS ANGELES CA 90067-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11.139359
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DR. ROBERT CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2241 CENTURY HILL
 City State Zip Code
 LOS ANGELES CA 90067-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.139446
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 88 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DR. ROBERT CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2241 CENTURY HILL
 City State Zip Code
 LOS ANGELES CA 90067-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11.139537
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. CHRISTINE CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 173
 SUSEJ13@AOL.COM
 City State Zip Code
 BIRCHRUNVILLE PA 19421-0173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118931
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JOAN CASHIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2341 SALEROSO DRIVE
 CASHIAP@AOL.COM
 City State Zip Code
 ROWLAND HEIGHTS CA 91748-4182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.118947
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 89 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALEX CASTELLANOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 N. QUAKER LN.
 City ALEXANDRIA State VA Zip Code 22304-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NATIONAL MEDIA Occupation ADVERTISING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 12 / 2015
Transaction ID : SA11.100244
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. AGATHA CAYIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3895 SE 20 ST
 City OCALA State FL Zip Code 34471-5665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMP Occupation SELF-EMP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.110639
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. GIUSEPPE CECCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 ALDEBARAN DR
 City MC LEAN State VA Zip Code 22101-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE IDI GROUP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.111381
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 90 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BOB CERMAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 DARTMOOR WAY SW
 City OCEAN ISLE BEACH State NC Zip Code 28469-7315
 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 ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.132186
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. STEPHEN CHALETZKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 RANDOLPH ROAD HEARTHSTONE1@RCN.COM
 City CHESTNUT HILL State MA Zip Code 02467-2338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119115
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. MARSHALL CHAMBERLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 PARKWAY DR.
 City WILLOW PARK State TX Zip Code 76087-7354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PS TARRANT INC Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124047
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 91 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MS. RUTH CHAMBERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 WILDGROVE AVE.
 RSC53@ATT.NET
 City DALLAS State TX Zip Code 75214-3838
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118897
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. TRACEY CHANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 WINDERMERE STREET
 City BAKERSFIELD State CA Zip Code 93311-8586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPPI Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.108043A
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK \$1,000.00 ON 09/23/2015

C. TRACEY CHANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 WINDERMERE STREET
 City BAKERSFIELD State CA Zip Code 93311-8586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPPI Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108043B
 Amount of Each Receipt this Period -1000.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK CHAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8152 LOREL AVE
 City SKOKIE State IL Zip Code 60077-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JASMINE WANG CHAO DO LTD Occupation OFFICE MGR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123882
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JAMES T. CHAPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2861 UMPCHAP@YAHOO.COM
 City SPRINGFIELD State VA Zip Code 22152-0861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS IMG Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.118876
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RICHARD CHICHETTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 YACHT LANE, P.O. BOX 85
 City SAINT MARKS State FL Zip Code 32355-0085
 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 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123895
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 93 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ELIZABETH J. CHILDERS
Full Name (Last, First, Middle Initial)

Mailing Address 6708 E STONEGATE DR

City ZIONSVILLE State IN Zip Code 46077-8594

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
11 / 25 / 2015
Transaction ID : SA11.137412

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. STACY CHILDS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 881720

City STEAMBOAT SPRINGS State CO Zip Code 80488-1720

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.127999

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. DR. KENNETH CHING
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7638
5065 GADWALL CIRCLE

City STOCKTON State CA Zip Code 95267-0638

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

Name of Employer Occupation
KENNETH S. CHING, M.D., INC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.134177

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 94 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID CHRISTENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5309 WAYNE ROAD
 City Greensboro State NC Zip Code 27407-7319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 08 / 2015
Transaction ID : SA11.132736
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JAY CHRISTENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3681 CHEVY CHASE DRIVE
 City LA CANADA FLINTRID State CA Zip Code 91011-4159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 14 / 2015
Transaction ID : SA11.126500
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. KATHERINE A. CHRISTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1942 BRIDGEWATER DR
 City LAKE MARY State FL Zip Code 32746-6907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FLORIDA CAPITAL C.E.O.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 10 / 02 / 2015
Transaction ID : SA11.111212
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 95 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT CHRISTOPHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1132 RIVERSIDE DRIVE
 City State Zip Code
 CINCINNATI OH 45202-1706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GLOBE INDUSTRIES-CHICAGO RETIRED-CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : SA11.126867
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. LEON CHUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10520 SE 302ND ST
 City State Zip Code
 AUBURN WA 98092-2537
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.102845
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PHILIP CIAFARDINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 BRIGADIER COURT
 City State Zip Code
 WILDER KY 41076-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TCAA CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129145
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 96 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHLEEN CLAPP
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 548
 KATIECLAPP@GTSINC.US
 City HAMILTON CITY State CA Zip Code 95951-0548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GTS Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 29 / 2015**
Transaction ID : SA11.125797
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. ROBERT CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 BELMONT DR.
 City BLUFFTON State SC Zip Code 29910-8800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation POLITICAL SATIRIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.134200
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. THOMAS CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 MENDENHALL ST
 City SUMMERVILLE State SC Zip Code 29483-5225
 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 **0.00**

Date of Receipt **09 / 19 / 2015**
Transaction ID : SA11.128003
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 97 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WAYNE CLAWATER
Full Name (Last, First, Middle Initial)

Mailing Address 6630 WAKEFOREST AVE

City HOUSTON State TX Zip Code 77005-3956

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

Name of Employer SHEPHERD, SCOTT, CLAWATER & HOUSTON Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.134203

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. RUFUS CLEM
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 682227

City HOUSTON State TX Zip Code 77268-2227

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

Name of Employer SELF Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11.126868

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. JOSEPH CLEMENTS JR.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 14477
 JOE@CROWNBK.COM

City BATON ROUGE State LA Zip Code 70898-4477

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.118861

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 98 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JEANNIE CLUISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14076 CR 908
 City SINTON State TX Zip Code 78387-4385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EOG RESOURCES Occupation OIL AND GAS SPECIALIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.123960
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CECILIA C. COBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10386 TREELINE CT
 City FISHERS State IN Zip Code 46037-9576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CITY OF FISHERS Occupation HOMEMAKER/CITY COUNCILOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137385
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. TONYA M. COCKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 HOOD PL
 City GREENSBORO State NC Zip Code 27408-5603
 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 0.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.137452
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 99 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HOWARD COHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10405 SANDRINGHAM COURT
 City POTOMAC State MD Zip Code 20854-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL HEALTH COUNSEL Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103097
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MITCHELL COHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2348 BUCKINGHAM LANE
 City LOS ANGELES State CA Zip Code 90077-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IRELL & MANELLA LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132750
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. STEVE COHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4566 177TH AVE SE
 City BELLEVUE State WA Zip Code 98006-6519
 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 ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129158
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 100 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID COLBURN
Full Name (Last, First, Middle Initial)

Mailing Address 600 N FAIRBANKS CT #2402
DAVIDCOLBURN@ME.COM

City CHICAGO State IL Zip Code 60611-5854

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

Name of Employer CED MANAGEMENT SERVICES Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.119121

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. FRANCINE COLES
Full Name (Last, First, Middle Initial)

Mailing Address 5819 E. CALLE DEL MEDIA

City PHOENIX State AZ Zip Code 85018-4657

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11.123957

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. DENNIS AND NANCY COLLERAN
Full Name (Last, First, Middle Initial)

Mailing Address 6004 DOUGLAS DRIVE
COLLERAN8765@MSN.COM

City YAKIMA State WA Zip Code 98908-2738

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 ▼
0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.118873

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 101 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. THOMAS COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 64235 E. GREENBELT LN
 BCUW@Q.COM
 City TUCSON State AZ Zip Code 85739-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118855
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. CHARLES COLTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 NE 5TH AVE, SUITE D 425
 City DELRAY BEACH State FL Zip Code 33483-5661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123846
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CHARLIE COLVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 364
 City WEATHERFORD State OK Zip Code 73096-0364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USDA Occupation CIVIL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.104174
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 102 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HARRY COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 SOUTH FOREST ST
 City DENVER State CO Zip Code 80246-1147
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.125900
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. SUSAN COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3409 BONNIE RD
 City AUSTIN State TX Zip Code 78703-2601
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA11.100371
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. PAUL AND GABRIELLE COMEAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 5320 PEBBLEBROOK DR.
 City DALLAS State TX Zip Code 75229-5505
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015
Transaction ID : SA11.110026
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 103 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CYNTHIA COMPARIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 PEARL ST
 APT 1602
 City DALLAS State TX Zip Code 75201-2236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANIMATO Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11.109044
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

B. MICHAEL CONNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2511 DEL MONTE DR.
 City HOUSTON State TX Zip Code 77019-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MICHAEL CONNELLY LAW FIRM, PC Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11.123941
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MICHAEL CONNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6310 BRYCE CANYON DRIVE
 City KATY State TX Zip Code 77450-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONOCOPHILLIPS Occupation GEOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129166
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 104 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOANNE CONRAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 BRENTFORD ROAD
 City Haverford State PA Zip Code 19041-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.104676
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. EN COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 402
 City MC CORMICK State SC Zip Code 29835-0402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.126342
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. LANGDON COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 WEST OLD MILL ROAD
 City GREENWICH State CT Zip Code 06831-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124039
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 105 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ROBERT O. COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5063 COLLIS AVENUE
 City SOUTH PASADENA State CA Zip Code 91030-4003
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : SA11.109893
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. STEVEN COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 9300 OVERSEAS HWY
 City MARATHON State FL Zip Code 33050-3245
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.107468
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. PAUL COOLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 LARKSPUR AVE
 City CORONA DEL MAR State CA Zip Code 92625-3041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RGGROUP GLOBAL Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11.108362
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 106 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129175
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. ROBERT M. COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 N VILLA RIDGE WAY
 City State Zip Code
 BOISE ID 83703-4753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 J.C. HOSPITALISTS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11.137479
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JAMES COPELSND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2495 HOPKINS RD
 JAMES@SUKIFARMS.COM
 City State Zip Code
 POWDER SPGS GA 30127-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.119024
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 107 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. TIMOTHY D. COPPEDGE
Full Name (Last, First, Middle Initial)

Mailing Address 1512

City State Zip Code
RIVEROAKS DR. CA 95356-

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

Name of Employer Occupation
MODERN STEEL STRUCTURES BUILDING CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
11 / 11 / 2015
Transaction ID : SA11.138538

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. THOMAS CORBETT
Full Name (Last, First, Middle Initial)

Mailing Address 19 FOX HOLE RD

City State Zip Code
LADERA RANCH CA 92694-1503

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

Name of Employer Occupation
ALLIANT INSURANCE INSURANCE BROKER CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.128012

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. AFONSO CORDERO
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 546

City State Zip Code
ZEPHYR COVE NV 89448-0546

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.124017

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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: (check only one) | PAGE 108 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES M. CORNELIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7012 HUNT CLUB DR
 City ZIONSVILLE State IN Zip Code 46077-9300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.109057
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

B. KENNETH CORNWALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1355 CAPITAL CIRCLE
 1355 CAPITAL CIRCLE
 City LAWRENCEVILLE State GA Zip Code 30043-5866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROVENT SYSTEMS, INC. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131675
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. LUD CORRAO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 12907
 CORRAO3@CHARTER.NET
 City RENO State NV Zip Code 89510-2907
 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 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.118901
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 109 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LUD CORRAO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 12907
 CORRAO3@CHARTER.NET
 City RENO State NV Zip Code 89510-2907
 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 ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.123838
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. KEVIN COSTELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N DEARBORN ST
 UNIT #1401
 City CHICAGO State IL Zip Code 60654-6293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME RUN INN FROZEN FOODS Occupation VP OF SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.126509
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. SHARON COSTLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 10910 THREE HUNDRED YARD DRIVE
 City FISHERS State IN Zip Code 46037-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED EDUCATOR/ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123983
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| 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: (check only one) | PAGE 110 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CAPT. JOHN F. COTNER USAF RET.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5929 BROADWAY ST
 City MANSFIELD State AR Zip Code 72944-3241
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11.137364
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOHN F. COTNER CPT U COTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 ACRE FARM
 City MANSFIELD State AR Zip Code 72944-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 479 928 7076 CAPTION PHONE TALK SLOW/
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11.123877
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JOHN F. COTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation CPT USAF RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.118913
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 111 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SHERY COTTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15323 WINDMILL PTE DR.
 City State Zip Code
 GROSE POINTE PARK MI 48230-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ME BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.123975
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MR. ROBERT B. COWAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 S LEWIS
 City State Zip Code
 ANAHEIM CA 92805-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MARINA GARDNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123944
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. BRETT CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 ARENA STREET
 BRETTCRAIG@HOTMAIL.COM
 City State Zip Code
 EL SEGUNDO CA 90245-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DEUTSCH ADVERTISING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118936
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 112 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SAMUEL CRAMER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 6229
SAM@CARBISSOLUTIONS.COM

City FLORENCE State SC Zip Code 29502-6229

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

Name of Employer SAM CARBIS EXECUTIVE MANAGEMENT, LL Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118866

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. KENNETH CREWS
Full Name (Last, First, Middle Initial)

Mailing Address 22518 ALABADO
KD_CREWS@HOTMAIL.COM

City SAN ANTONIO State TX Zip Code 78261-2896

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119054

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. TOM CRISWELL
Full Name (Last, First, Middle Initial)

Mailing Address 140 VIA SEGO
T1CRISWELL@GMAIL.COM

City REDONDO BEACH State CA Zip Code 90277-6429

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

Name of Employer SELF Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.124042

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 113 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MOLLY CRONIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 COOPER CIRCLE
 City EDINA State MN Zip Code 55436-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY Occupation MOM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103141
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MR. JERRY K. CROUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 S 174TH CIR
 City OMAHA State NE Zip Code 68130-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TERASKA INC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137213
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

C. ROBERT CROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1536 CLOVE STREET
 City SAN DIEGO State CA Zip Code 92106-2132
 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 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.127161
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 114 OF 1266 | |
| (check only one) | | | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ERIC CROWN
Full Name (Last, First, Middle Initial)
Mailing Address 5665 VALLE VISTA RD
City PHOENIX State AZ Zip Code 85018-2018
FEC ID number of contributing federal political committee. **C**
Name of Employer INSIGHT ENTERPRISES Occupation CO-FOUNDER & CHAIRMAN EMERITUS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.109062
Amount of Each Receipt this Period 4468.50
 Memo Item
CONTRIBUTION
EVENT COSTS

B. MR. DAVID ALAN CULLEY
Full Name (Last, First, Middle Initial)
Mailing Address 4187 CLUB DRIVE
City ATLANTA State GA Zip Code 30319-1115
FEC ID number of contributing federal political committee. **C**
Name of Employer NEASE, LAGANA, EDEN & CULLEY, INC Occupation INSURANCE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110740
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MR. EUGENE CUMMINGS
Full Name (Last, First, Middle Initial)
Mailing Address 1290 KATHRYN LN
City LAKE FOREST State IL Zip Code 60045-4316
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 0.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11.110906
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 5218.50
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 115 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. RICHARD J. CUMMINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 GARFIELD STREET, NW
 RJCUMMINS@STARPOWER.NET
 City WASHINGTON State DC Zip Code 20008-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GEORGE WASHINGTON UNIVERSITY LAW S Occupation LAW PROFESSOR (PART-TIME)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118997
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SEAN CUMMINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 CAMP STREET, SUITE 500
 SEANC@EKISTICSINC.NET
 City NEW ORLEANS State LA Zip Code 70130-2795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EKISTICS, INC. Occupation ENTREPRENEUR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119092
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. JEFF CUNIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 NILE PL NE
 City RENTON State WA Zip Code 98059-5195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DCS Occupation LEADER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123873
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 1500.00
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 116 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LILLIAN CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 SUNSET RIDGE ROAD
 City NORTHBROOK State IL Zip Code 60062-4008
 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 ▼ 0.00

Date of Receipt 07 / 17 / 2015
Transaction ID : SA11.100379
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. LILLIAN CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 SUNSET RIDGE ROAD
 City NORTHBROOK State IL Zip Code 60062-4008
 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 ▼ 0.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11.108312
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CAROL L. CURRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 N 700 W
 City MCCORDSVILLE State IN Zip Code 46055-9596
 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 ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137407
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 117 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES CURRAN
Full Name (Last, First, Middle Initial)

Mailing Address 2340 WINGED FOOT ROAD

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| HALF MOON BAY | CA | 94019-2239 |

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

| | |
|-------------------------------------|-------------------|
| Name of Employer | Occupation |
| CURRAN & LEWIS INVESTMENT MNGT. INC | FINANCIAL ADVISOR |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : SA11.132203

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

B. LYNN CURRY
Full Name (Last, First, Middle Initial)

Mailing Address 1005 EDGEMILL WAY

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| WEST CHESTER | PA | 19382-2343 |

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

| | |
|------------------|----------------|
| Name of Employer | Occupation |
| SELF EMPLOYED | BUSINESS OWNER |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 18 | | 2015 |

Transaction ID : SA11.107163

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

C. CAROL D'AMICO
Full Name (Last, First, Middle Initial)

Mailing Address 26371 SUMMERS GREEN DR

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| BONITA SPRINGS | FL | 34135-2327 |

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

| | |
|------------------------------------|------------------------------------|
| Name of Employer | Occupation |
| INFORMATION REQUESTED PER BEST EFF | INFORMATION REQUESTED PER BEST EFF |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 25 | | 2015 |

Transaction ID : SA11.137408

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 118 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN DAAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 EDWARD ST. NE
 City ST. ANTHONY State MN Zip Code 55418-2355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GTN Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.126748
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. ANNE DAFFERN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6299 152ND AVENUE SE
 City BELLEVUE State WA Zip Code 98006-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN LEGEND COOPERATIVE Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103608
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. NICK DAFFERN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6299152ND AVE SE
 City BELLEVUE State WA Zip Code 98006-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALASKA AIRLINES Occupation PILOT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103795
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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 119 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JASON B. DAHL
Full Name (Last, First, Middle Initial)

Mailing Address 3013 SUNNYBRANCH DR

City WILMINGTON State NC Zip Code 28411-7898

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

Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11.137460

Amount of Each Receipt this Period
 1000.00

Memo Item CONTRIBUTION

B. CHRISTINE DALEY
Full Name (Last, First, Middle Initial)

Mailing Address 96 BUTLER STREET

City BROOKLYN State NY Zip Code 11231-4709

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134296

Amount of Each Receipt this Period
 250.00

Memo Item CONTRIBUTION

C. BETSY DAM
Full Name (Last, First, Middle Initial)

Mailing Address 14443 MAPLEWOOD STREET

City POWAY State CA Zip Code 92064-6446

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

Name of Employer ME Occupation MOM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.126512

Amount of Each Receipt this Period
 300.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1550.00 |
| 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 120 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LESLIE DANE
Full Name (Last, First, Middle Initial)

Mailing Address 11638 BLUFF LN

| | | |
|------------------|-------------|------------------------|
| City GULFPORT | State MS | Zip Code 39503-6151 |
|------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.128546

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. LESLIE DANE
Full Name (Last, First, Middle Initial)

Mailing Address 11638 BLUFF LN

| | | |
|------------------|-------------|------------------------|
| City GULFPORT | State MS | Zip Code 39503-6151 |
|------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11.130591

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. PHYLLIS DANFORTH
Full Name (Last, First, Middle Initial)

Mailing Address 33313 1ST WAY SO
PDANFORTH@CBDANFORTH.COM

| | | |
|---------------------|-------------|------------------------|
| City FEDERAL WAY | State WA | Zip Code 98003-6247 |
|---------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer COLDWELL BANKER DANFORTH | Occupation REAL ESTATE |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.118962

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 121 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ERIC DARROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 SANCTUARY HEIGHTS RD
 City FORT WORTH State TX Zip Code 76132-7114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COOK CHILDRENS PHYSICIANS NETWORK Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.134304
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DENNIS DAUENHAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16035 VINEYARD BLVD
 City MORGAN HILL State CA Zip Code 95037-5480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALL SENSORS Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134307
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

C. CHRISTIE DAVANZO
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 JAMES DOAK PKWY
 City GREENSBORO State NC Zip Code 27455-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX, INC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134308
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 122 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DOUGLASS DAVERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 THE CITY DR. STE 350
 City ORANGE State CA Zip Code 92868-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVERT & LOE Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123857
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JAN DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8515 PRICE AVE.
 City DOUGLASVILLE State GA Zip Code 30134-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATTORNEY Occupation DELTA AIR LINES, INC.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128550
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WORKMAN DAVID
 Full Name (Last, First, Middle Initial)
 Mailing Address 1598 EAST NORMANDY BLVD
 WORKMAN@CS.UCF.EDU
 City DELTONA State FL Zip Code 32725-7569
 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 ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118998
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 123 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CAROLYN DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WILDWOOD DR.
 City CAPE ELIZ State ME Zip Code 04107-1156
 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 **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.129216
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. CHARLES DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8381 PINEVILLE MATTHEWS RD SUITE 6
 City CHARLOTTE State NC Zip Code 28226-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CASHORT.COM Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.103526
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. JAMES DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13188 FLAMINGO TERRACE
 DAVISJ@3DMEDICALMFG.COM
 City PALM BEACH GARDENS State FL Zip Code 33410-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STERLING Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 11 / 2015**
Transaction ID : SA11.118920
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 124 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KENNETH DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3887 OLD AGNES ROAD
 City WEATHERFORD State TX Zip Code 76088-8133
 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 **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.103461
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. PAUL W. DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 E. LEE STREET APT. 1009
 City BALTIMORE State MD Zip Code 21202-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 22 / 2015**
Transaction ID : SA11.109953
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. PAUL W. DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 E. LEE STREET APT. 1009
 City BALTIMORE State MD Zip Code 21202-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : SA11.125735
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 125 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PETER DE BEUKELAER
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 SWAN SEA LANE
 City MADISON State MS Zip Code 39110-9429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBC CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.127789
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JENNIE DE CARDENAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1177 HILLSIDE ROAD
 JENNIDECARDE@YAHOO.COM
 City PASADENA State CA Zip Code 91105-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CACIQUE INC. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119040
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. GUADALUPE DE VRIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 RAVENSBURY ST
 City LAKE SHERWOOD State CA Zip Code 91361-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 12 / 2015
Transaction ID : SA11.108490
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

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 126 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM DEARMENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 CHESTNUT STREET
 WSD@CHANNELLOCK.COM
 City MEADVILLE State PA Zip Code 16335-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHANNELLOCK, INC. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118879
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JAMES DEEVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 WINDSOR CIRCLE
 City TOWNSHIP OF WASHIN State NJ Zip Code 07676-4363
 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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103507
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. SIDNEY DEBOER
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 VISTA ST
 City ASHLAND State OR Zip Code 97520-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LITHIA MOTORS, INC Occupation CHAIRMAN PUBLIC RETAILER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.130352
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 127 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN R. DECKER
Full Name (Last, First, Middle Initial)

Mailing Address 2282 IVY CREST LN SE

City State Zip Code
SMYRNA GA 30339-1347

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

Name of Employer Occupation
CHILDRESS KLEIN REAL ESTATE DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
12 / 14 / 2015
Transaction ID : SA11.137572

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. EDWARD DEL GROSSO
Full Name (Last, First, Middle Initial)

Mailing Address 341 ORCHARD DRIVE

City State Zip Code
GRANVILLE OH 43023-9357

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 ▼ 0.00

Date of Receipt
10 / 05 / 2015
Transaction ID : SA11.109152

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. TOM DEL PICO
Full Name (Last, First, Middle Initial)

Mailing Address 14690 LANGLEY CT

City State Zip Code
SMITHVILLE MO 64089-9342

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

Name of Employer Occupation
SMITHVILLE ANIMAL HOSPITAL DOCTOR VETERINARY MEDICINE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129226

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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: (check only one) | PAGE 128 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AARON DELSIGNORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 APRIL BREEZE LN.
 City HENDERSON State NV Zip Code 89002-9359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL LYNCH Occupation V.P. SENIOR FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.107843
 Amount of Each Receipt this Period 350.00
 Memo Item
 CONTRIBUTION

B. JOYCE DELUCCA
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 5TH AVENUE 15DE
 City NEW YORK State NY Zip Code 10065-7216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KINGSLAND CAPITAL MANAGEMENT LLC Occupation MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119113
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. ANNA DEMARINIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 OVERLOOK DRIVE
 City STROUDSBURG State PA Zip Code 18360-6852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.106064
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1850.00 |
| 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 129 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT DEMPSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 EAST MORRIS ST
 City PHILADELPHIA State PA Zip Code 19148-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CCT Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.124010
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. ANTHONY DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12383 PLEASANT VIEW DR.
 TONY.DENICOLA@COMCAST.NET
 City FULTON State MD Zip Code 20759-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.119088
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. PATTI DENMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 17210 CEDAR RD
 PATTIDENMAN@GMAIL.COM
 City LAKE OSWEGO State OR Zip Code 97034-5660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HDR ENGINEERING INC. Occupation REAL ESTATE APPRAISER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.118980
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 130 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SANDY DENN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 470

City WILLOWS State CA Zip Code 95988-0470

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.108988

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

B. JACQUELYNE DENUYL
Full Name (Last, First, Middle Initial)

Mailing Address POB 2200 PMB 105

City TELLURIDE State CO Zip Code 81435-2200

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129237

Amount of Each Receipt this Period 600.00

Memo Item CONTRIBUTION

C. CYNTHIA DEVINE
Full Name (Last, First, Middle Initial)

Mailing Address 3 HARCREST COURT

City DOVER State DE Zip Code 19901-6459

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

Name of Employer CAPITAL ORTHOPAEDIC SPECIALISTS Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132816

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 131 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID DEVRIES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 4435
 City WINDHAM State NH Zip Code 03087-4435
 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 **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.103593
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. WAYNE DEWITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 SE EVERGREEN HWY. WWITT23@AOL.COM
 City VANCOUVER State WA Zip Code 98664-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 10816S.E. EVERGREEN HWY. VANCOUVER WA Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118928
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. WAYNE DEWITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 SE EVERGREEN HWY. WWITT23@AOL.COM
 City VANCOUVER State WA Zip Code 98664-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 10816S.E. EVERGREEN HWY. VANCOUVER WA Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : SA11.124015
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 132 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SHELLY DEZEVALLOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9219 KATY FREEWAY SUITE 120
 City HOUSTON State TX Zip Code 77024-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST HOUSTON AIRPORT Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106761
 Amount of Each Receipt this Period 399.00
 Memo Item
 CONTRIBUTION

B. CLIFFORD DIBBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5129 164TH AVE SE
 City BELLEVUE State WA Zip Code 98006-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICROSOFT CORP Occupation PROGRAM MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.104974
 Amount of Each Receipt this Period 2300.00
 Memo Item
 CONTRIBUTION

C. DUANE DICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4310 STAR RANCH ROAD
 City COLORADO SPRINGS State CO Zip Code 80906-7641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAND CHERRY ASSOCIATES Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.104246
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2949.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 1266 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MAURINE DICKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 COLE AVE APT 1015
 City DALLAS State TX Zip Code 75205-5449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DICKY'S Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 08 / 2015
Transaction ID : SA11.109223
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. PATRICIA DICKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 MEETINGHOUSE ROAD TRICIADICKEY@AOL.COM
 City SOUTH CHATHAM State MA Zip Code 02659-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation THINKING RETIRED MOTHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118967
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WILLIAM DICKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2317 SUL ROSS
 City HOUSTON State TX Zip Code 77098-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124016
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5750.00 |
| 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 134 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LESA F. DIETRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 E WESTFIELD BLVD
 City INDIANAPOLIS State IN Zip Code 46220-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ICE MILLER, LLP Occupation DIRECTOR OF PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137388
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. SUSAN M M. DILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 SKEDGEWATER RT. SVM DILL@GMAIL.COM
 City SAVANNAH State GA Zip Code 31411-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.118833
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. SID DINSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 S 216TH CIR
 City OMAHA State NE Zip Code 68022-1822
 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 ▼ 0.00

Date of Receipt 11 / 06 / 2015
Transaction ID : SA11.111476
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 135 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVE DIXON
Full Name (Last, First, Middle Initial)

Mailing Address 2000 RIVEREDGE PARKWAY, SUITE 950

| | | |
|-----------------|-------------|------------------------|
| City ATLANTA | State GA | Zip Code 30328-5820 |
|-----------------|-------------|------------------------|

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

| | |
|---|---------------------------------------|
| Name of Employer NORSOUTH DEVELOPMENT CO | Occupation REAL ESTATE DEVELOPMENT |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11.106035

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. ROBERT DOBRIENT
Full Name (Last, First, Middle Initial)

Mailing Address 5522 WENONAH DR

| | | |
|----------------|-------------|------------------------|
| City DALLAS | State TX | Zip Code 75209-5522 |
|----------------|-------------|------------------------|

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

| | |
|------------------------------|------------------------|
| Name of Employer OVERFLOW | Occupation INVESTOR |
|------------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11.100707

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. CAROL DODD
Full Name (Last, First, Middle Initial)

Mailing Address 257 MONTAIR DRIVE

| | | |
|------------------|-------------|------------------------|
| City DANVILLE | State CA | Zip Code 94526-3742 |
|------------------|-------------|------------------------|

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

| | |
|---------------------------|---|
| Name of Employer LAUSD | Occupation RETIRED SCHOOL SUPERINTENDENT |
|---------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11.123953

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 136 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CORNELIUS DOELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 13333 CASE RD SW
 City OLYMPIA State WA Zip Code 98512-9129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation DAIRY FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : SA11.137042
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. CHRISTOPHER DOERR
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 210
 City GRAFTON State WI Zip Code 53024-0210
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106707
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. DANIEL DOHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 BRIDLE SPUR RD
 City DANVERS State MA Zip Code 01923-1262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACLEAN HOLLOWAY DOHERTY Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11.107900
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3750.00 |
| 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 137 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM DONDLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12605 FLINT ST
 City OVERLAND PARK State KS Zip Code 66213-2167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FINRA Occupation COORDINATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132827
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. CHERYL M. DORRANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 GRANDBROOK LN
 City PLANO State TX Zip Code 75074-1618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SEMI-RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.103719
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. BEN R DOUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25528 GENESEE TRAIL ROAD
 City GOLDEN State CO Zip Code 80401-9366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124059
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| 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 138 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JIM DOWDY
Full Name (Last, First, Middle Initial)

Mailing Address 3600 OLD BULLARD RD BLDG #1

| | | |
|---------------|-------------|------------------------|
| City TYLER | State TX | Zip Code 75701-8650 |
|---------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | Occupation PETROLEUM GEOLOGIST |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11.111085

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. NANCY DOWNING
Full Name (Last, First, Middle Initial)

Mailing Address 1829 SHOREHAM DRIVE
NANCYDOWNING2005@YAHOO.COM

| | | |
|-------------------|-------------|------------------------|
| City CHARLOTTE | State NC | Zip Code 28211-2133 |
|-------------------|-------------|------------------------|

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

| | |
|-------------------------|-------------------|
| Name of Employer N/A | Occupation MOM |
|-------------------------|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : SA11.118995

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. MR. JOSEPH F. DOX JR.
Full Name (Last, First, Middle Initial)

Mailing Address 14603 EL PUENTE WAY

| | | |
|------------------|-------------|------------------------|
| City SARATOGA | State CA | Zip Code 95070-5502 |
|------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015

Transaction ID : SA11.105575

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 139 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN DRANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3566 HIGHLANDS RD.
 City NEW MILFORD State PA Zip Code 18834-6813
 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 ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123875
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ANNE DRAPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 WHITETAIL LANE
 City LITTLETON State CO Zip Code 80127-6104
 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 ▼ 0.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11.100152
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. THOMAS DRAPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 THE SQUARE
 City MILTON State DE Zip Code 19968-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENTERPRENEUR Occupation ENTERPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.127608
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 140 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SILVIA DRETZKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6632 KENTWOOD BLUFFS DRIVE
 City LOS ANGELES State CA Zip Code 90045-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 15 / 2015
Transaction ID : SA11.100312
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MITCH DREW
 Full Name (Last, First, Middle Initial)
 Mailing Address 8025 OAK GROVE PLANTATION ROAD
 City TALLAHASSEE State FL Zip Code 32312-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHGROUP Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123943
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MICHAEL DRUCKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10751 N FRANK LLOYD WRIGHT BLVD #2
 MIKE@VALUEADVISOR.COM
 City SCOTTSDALE State AZ Zip Code 85259-2684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENVISION CAPITAL MANAGEMENT Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.119030
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 141 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL DRUCKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10751 N FRANK LLOYD WRIGHT BLVD #2
 MIKE@VALUEADVISOR.COM
 City SCOTTSDALE State AZ Zip Code 85259-2684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENVISION CAPITAL MANAGEMENT Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.124004
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. CHARLES DRURY, JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 WOODBRIDGE MANOR RD.
 City ST. LOUIS State MO Zip Code 63141-8237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DRURY HOTELS Occupation PRESIDENT AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : SA11.127172
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. TRA DUBOIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 S. DEER CREEK DR. W.
 City LELAND State MS Zip Code 38756-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WORLD CLASS ATHLETICSURFACES Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 09 / 2015
Transaction ID : SA11.103336
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1800.00 |
| 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 142 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VIVIAN N. DUBOSE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 18651
 City ATLANTA State GA Zip Code 31126-0651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOBLE PROPERTIES INC. Occupation REAL ESTATE MANAGEMENT & DEVELOPM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137570
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MARILYNN DUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 SOUTH CHEROKEE STREET
 MJDUCKER@COMCAST.NET
 City ENGLEWOOD State CO Zip Code 80110-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.119097
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. ALTHEA DUERSTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 SUTTON PLACE
 APT 2B
 City NEW YORK State NY Zip Code 10022-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134412
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 143 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREG DUFAULT
Full Name (Last, First, Middle Initial)

Mailing Address 2735 GLEN EAGLES RD.

City LAKE OSWEGO State OR Zip Code 97034-2733

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

Name of Employer DUFAULT, SMITH AND MEEUWSEN Occupation REG INVESTMENT ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.125804

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. BRIAN DUFFY
Full Name (Last, First, Middle Initial)

Mailing Address 31 WEST PIERREPONT AVENUE
BRIANDUFFY99@YAHOO.COM

City RUTHERFORD State NJ Zip Code 07070-2223

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

Name of Employer HARRISON, NJ PUBLIC SCHOOLS Occupation EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119013

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. DAVE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address GENERAL DELIVERY

City MOUNTAIN CITY State NV Zip Code 89831-9999

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134421

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 144 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVE DUNCAN
 Full Name (Last, First, Middle Initial)
 Mailing Address GENERAL DELIVERY
 City MOUNTAIN CITY State NV Zip Code 89831-9999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134422
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GARY DUNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 SE 86 PL
 City OKLAHOMA CITY State OK Zip Code 73135-1742
 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 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.123864
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. DAVID DUNNAVANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 RESERVE RIDGE DR. DAVIDD@MMSLP.COM
 City HUFFMAN State TX Zip Code 77336-3161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARABOU Occupation OIL AND GAS MIDSTREAM
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119016
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

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: (check only one) | PAGE 145 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TODD DUPONT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1355 EAST PARK PLACE
 City CHICAGO State IL Zip Code 60637-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF CHICAGO Occupation MATHEMATICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11.105810
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. WILLIAM DURKIN, JR.,MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 N. HAMPTON DR.
 City ALEXANDRIA State VA Zip Code 22302-1513
 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 0.00

Date of Receipt 07 / 29 / 2015
Transaction ID : SA11.102593
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. LAWRENCE DWIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 PARSONS BEACH RD
 City KENNEBUNK State ME Zip Code 04043-7433
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132852
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 146 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LAWRENCE DWIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 PARSONS BEACH RD
 City KENNEBUNK State ME Zip Code 04043-7433
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132853
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. PAUL E. EASLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 452 CROSS CREEK DR
 City TOCCOA State GA Zip Code 30577-2781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 05 / 2015
Transaction ID : SA11.107088
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. THOMAS EATON
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 PHEASANT HILL RD
 City KEENE State NH Zip Code 03431-4339
 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 0.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11.137763
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 147 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CATHY EBSEN
Full Name (Last, First, Middle Initial)

Mailing Address 1807 RIDGEGATE LANE

City State Zip Code
SIMI VALLEY CA 93065-2967

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

Name of Employer Occupation
SELF EMPLOYED WEB DEVELOPMENT/MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11.137766

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. SHARRON T. ECKEL
Full Name (Last, First, Middle Initial)

Mailing Address 175 TANGLEWOOD DR

City State Zip Code
QUARRYVILLE PA 17566-9287

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.109984

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. SISSEL ECKENHAUSEN
Full Name (Last, First, Middle Initial)

Mailing Address 23 SARANAC ROAD

City State Zip Code
SEA RANCH LAKES FL 33308-2910

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

Name of Employer Occupation
NA NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11.134449

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 148 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JIM EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1791 S. STACH RD
 City COEUR D ALENE State ID Zip Code 83814-7940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDWARDS SMITH CONSTRUCTION Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 27 / 2015
Transaction ID : SA11.126206
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DR. WELDON T. EGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 LAURELWOOD
 City CARMEL State IN Zip Code 46032-8752
 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 0.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11.137420
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

C. HERB EHLERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1272 OSPREY TRAIL
 HERBMARYEHLERS@AOL.COM
 City NAPLES State FL Zip Code 34105-2774
 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 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118908
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 149 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT EHRlich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 W 38 ST SUITE 206
 City AUSTIN State TX Zip Code 78731-6212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.134464
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. THEODORE EIBEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 ROCHESTER ST
 City PORT BYRON State NY Zip Code 13140-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109988
 Amount of Each Receipt this Period 900.00
 Memo Item CONTRIBUTION

C. NANCY EINHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8205 N RIVER RD
 City MILWAUKEE State WI Zip Code 53217-2546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation UNEMPLOYED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 07 / 25 / 2015
Transaction ID : SA11.125000
 Amount of Each Receipt this Period 2700.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3850.00 |
| 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 150 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PHILLIP ELBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1697
 City BOCA GRANDE State FL Zip Code 33921-1697
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.103471
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. PHILLIP ELBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1697
 City BOCA GRANDE State FL Zip Code 33921-1697
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106437
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. DAN ELDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16895 MEADOW LANE
 DELDER@KC.RR.COM
 City BELTON State MO Zip Code 64012-4112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118968
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 151 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES ELLER
Full Name (Last, First, Middle Initial)

Mailing Address 3587 CONRAD AVE.
LOVETOHIKE3@YAHOO.COM

City SAN DIEGO State CA Zip Code 92117-1703

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 ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119039

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. RENEE ELLERBROEK
Full Name (Last, First, Middle Initial)

Mailing Address 13524 OAK BROOK DRIVE
LL 3

City URBANDALE State IA Zip Code 50323-2140

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

Name of Employer IOWA PATHOLOGY ASSC. Occupation PATHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11.124031

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. NORMAN ELLIOTT
Full Name (Last, First, Middle Initial)

Mailing Address 4555 E MAYO BLVD
3301

City PHOENIX State AZ Zip Code 85050-6990

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 ▼ 0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.124006

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 152 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. NORMAN ELLIOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4555 E MAYO BLVD
 3301
 City PHOENIX State AZ Zip Code 85050-6990
 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 ▼ 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.134478
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MR. BEN D. ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 UTICA LN
 City PERRYTON State TX Zip Code 79070-5844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 10 / 05 / 2015
Transaction ID : SA11.110876
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DAVID ELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 513 E. PLUM CREEK RD
 ELSONDJ@SIO.MIDCO.NET
 City SIOUX FALLS State SD Zip Code 57105-6950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVERA MCKENNAN HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 10 / 2015
Transaction ID : SA11.118863
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 153 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHY ELVEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1386 CEDAR RIDGE CIRCLE
 City ROACH State MO Zip Code 65787-6723
 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 **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.128577
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. HARRY ELWARDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1804 PRINCETON CIRCLE
 City NAPERVILLE State IL Zip Code 60565-6781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.132866
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. GARY ELZWEIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 GRAYHAWK AVENUE
 City PLANTATION State FL Zip Code 33324-8247
 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 **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.103083
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 154 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VIRGINIA EMERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5835 GRAHAM CT
 City INDIANAPOLIS State IN Zip Code 46250-1848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103114
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. JAMES EMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W SAHARA AVE UNIT 3208
 City LAS VEGAS State NV Zip Code 89102-5088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 27 / 2015
Transaction ID : SA11.104597
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. SHEROLYN EMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 LA CROSSE CT
 SPDMART@AOL.COM
 City HENDERSON State NV Zip Code 89052-6608
 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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119023
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 155 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM & DARIA EMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 TERRACE CREEK COURT
 BILLANDDASHA1@MAC.COM
 City RICHMOND State TX Zip Code 77406-3590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRUNEL INTL. Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119071
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. CONNIE L. ENGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 WOODLAND BROOK DR SE
 City ATLANTA State GA Zip Code 30339-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHILDRESS KLEIN Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137559
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. DWIGHT ENSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NORTH ELM STREET
 City GREENSBORO State NC Zip Code 27401-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VALUE POINTE.BIZ Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 27 / 2015
Transaction ID : SA11.110031
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| 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 157 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. KATHERINE R.R. ERNST
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 VIEJO ROAD
 City CARMEL State CA Zip Code 93923-9437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123962
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. MICHAEL ESTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CARRIE LYNN LANE
 City YORK State ME Zip Code 03909-5147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ESTES OIL & PROPANE Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.127423
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. CARLYLE EUBANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3350 CALLE BONITA
 City SANTA YNEZ State CA Zip Code 93460-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ART ADVISORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.127424
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 158 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6265 YADKINVILLE ROAD
 City PFAFFTOWN State NC Zip Code 27040-8536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.134519
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOHN EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 79TH STREET
 City SEA ISLE CITY State NJ Zip Code 08243-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.123876
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JOHN FABRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11328 BAINS RD
 City STFRANCISVILLE State LA Zip Code 70775-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF CAR DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 06 / 2015
Transaction ID : SA11.134532
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 159 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FAIR OAKS DODGE FAIR OAKS MOTORS, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4170 AUTO PARK CIRCLE
 City CHANTILLY State VA Zip Code 20151-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAIR OAKS MOTORS.COM Occupation AUTO DEALERSHIP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **10 / 16 / 2015**
Transaction ID : SA11.124388
 Amount of Each Receipt this Period **950.00**
 Memo Item
CONTRIBUTION

B. DANIEL FAIRWEATHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 LUFKIN POINT RD
 City ESSEX State MA Zip Code 01929-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNEMPLOYED Occupation UNEMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 21 / 2015**
Transaction ID : SA11.107771
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. NINO FANLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 MISSION STREET 57C
 City SAN FRANCISCO State CA Zip Code 94105-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOFI Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 22 / 2015**
Transaction ID : SA11.127610
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1700.00 |
| 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 160 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAMELA FARMER
Full Name (Last, First, Middle Initial)

Mailing Address 120 DUNWOODY CREEK COURT

| | | |
|-----------------------|-------------|------------------------|
| City SANDY SPRINGS | State GA | Zip Code 30350-4318 |
|-----------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : SA11.132878

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

B. LELIA FARR
Full Name (Last, First, Middle Initial)

Mailing Address 1 FAIR OAKS DRIVE

| | | |
|-------------------|-------------|------------------------|
| City ST. LOUIS | State MO | Zip Code 63124-1514 |
|-------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 09 | | 2015 |

Transaction ID : SA11.130741

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

 Memo Item
CONTRIBUTION

C. PAMELA FARR
Full Name (Last, First, Middle Initial)

Mailing Address 69 VINEYARD
PAF0730@AOL.COM

| | | |
|-------------------|-------------|------------------------|
| City GREENWICH | State CT | Zip Code 06831-3713 |
|-------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 09 | | 2015 |

Transaction ID : SA11.119100

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

 Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 161 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DONALD FARRAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 BOURNEMOUTH RD
 City ST. HELENA State CA Zip Code 94574-9718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.124037
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. COLLEEN FAYE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 SW ADMIRAL WAY #271
 City SEATTLE State WA Zip Code 98116-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.127800
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ELIZABETH AND MARK FEIDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 CHATHAM ROAD
 City ATLANTA State GA Zip Code 30305-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.104863
 Amount of Each Receipt this Period 5400.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6650.00 |
| 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 162 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CAROL FEINSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 BRYANT STREET
 City PALO ALTO State CA Zip Code 94301-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation

 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.132883
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. MONTY FELIX
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 BULL SWAMP ROAD
 City NORTH State SC Zip Code 29112-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALAGLASS POOLS MANUFACTURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11.104015
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

C. KAYE FELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 DIAMOND DRIVE
 City CAMARILLO State CA Zip Code 93010-7496
 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 ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129323
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 163 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRUCE FERGUSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 INDIAN HILLS TRAIL
 City LOUISVILLE State KY Zip Code 40207-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE UNDERWRITERS GROUP Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.123845
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. BRUCE C. FERGUSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2012
 City PROVIDENCE State RI Zip Code 02905-0012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FERGUSON PERFORATING Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109581
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. JOHN FERRARI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 BARBARA ROAD
 City HOPKINTON State MA Zip Code 01748-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEACON INSURANCE GROUP Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.100357
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 164 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JANET FETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5406 FIELDS ERTEL RD
 City State Zip Code
 CINCINNATI OH 45249-8251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TAPE PRODUCTS COMPANY SELF-EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.134563
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DENNIS FETTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2039 N. FM 738
 P.O. BOX 590
 City State Zip Code
 ORANGE GROVE TX 78372-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BUS/TRUCK DRIVER RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.105959
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JEANIE FIGG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 49TH STREET NW
 City State Zip Code
 WASHINGTON DC 20016-3214
 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 ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106676
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 165 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MS. LINDA RAINEY FILIPPONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4202 68TH ST
 City LUBBOCK State TX Zip Code 79413-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11.110890
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ALFRED FINLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6120 MERRYMOUNT ROAD
 City FORT WORTH State TX Zip Code 76107-3593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRANDFX BODY COMPANY Occupation AUTOMOBILE SERVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.104062
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. JAMES FISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 QUAIL CREEK DR.
 City TYLER State TX Zip Code 75703-4533
 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 0.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11.125137
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 166 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHLEEN M. FISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16639 MEADOWBROOK LN
 City WAYZATA State MN Zip Code 55391-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109631
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. BERNARD FISK
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 3RD AVENUE SOUTH BCFISK@COMCAST.NET
 City NAPLES State FL Zip Code 34102-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119007
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. CARY FITZHUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6921 GLEN ELLEN DRIVE
 City LOVELAND State OH Zip Code 45140-9496
 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 ▼ 0.00

Date of Receipt 10 / 20 / 2015
Transaction ID : SA11.109529
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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 167 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GRAYSON FITZHUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6921 GLEN ELLYN DRIVE
 City LOVELAND State OH Zip Code 45140-9496
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134576
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DAVID FLAMING
 Full Name (Last, First, Middle Initial)
 Mailing Address 3221 104TH PL SE
 City EVERETT State WA Zip Code 98208-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation RETIRED ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.132893
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. NANCY FLEMING
 Full Name (Last, First, Middle Initial)
 Mailing Address 4421 E. 2ND ST. N.
 City WICHITA State KS Zip Code 67208-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME Occupation HOUSEWIFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.124051
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 168 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SARA L FLOHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 WALDEN RIDGE DR
 City CROSSVILLE State TN Zip Code 38558-6603
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11.105221
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. JERRY FLOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 CEDAR POINT DR.
 City VIRGINIA BEACH State VA Zip Code 23451-3843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHERN TRUST MORTGAGE Occupation MORTGAGE BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134589
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MARK FLOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 VAUGHNS GAP ROAD
 FLOYDM3@YAHOO.COM
 City NASHVILLE State TN Zip Code 37205-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CCA Occupation HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.118885
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 169 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK FLOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 VAUGHNS GAP ROAD
 FLOYDM3@YAHOO.COM
 City NASHVILLE State TN Zip Code 37205-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CCA Occupation HR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123883
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. ALLEN FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1560 SW DYER POINT ROAD
 City PALM CITY State FL Zip Code 34990-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134596
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. CHRIS FORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5952 SOUTH 1100 EAST
 City OGDEN State UT Zip Code 84405-4886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTOPHER PRODUCTIONS LLC Occupation VIDEOGRAPHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134600
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 170 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. W. GORDON FORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 641 W WESLEY RD NW
 City ATLANTA State GA Zip Code 30327-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROSSLINK LIFE SERVICES Occupation ORTHOPAEDIC IMPLANT DISTRIBUTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137574
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. THOMAS FORR
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 MASSACHUSETTS AVE NW
 City WASHINGTON State DC Zip Code 20001-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JONES DAY Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108066
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CHAR FORTUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 CAMERON MANOR WAY NW
 City ATLANTA State GA Zip Code 30328-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVISON YOUNG Occupation COMMERCIAL REAL ESTATE EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137585
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3750.00 |
| 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 171 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM FORTUNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3731 SW DURHAM DRIVE
 City DURHAM State NC Zip Code 27707-3786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRIVATE DIAGNOSTIC CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134607
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JENNIFER FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6885 COYOTE CANYON RD
 JENS0803@AOL.COM
 City SOMIS State CA Zip Code 93066-9757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED FINANCE EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118971
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RAYMOND FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 MOUNTAIN BROOK CT NW
 City MARIETTA State GA Zip Code 30064-2049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELTA GLOBAL SERVICES Occupation PILOT INSTRUCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106921
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 172 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GLEN FOURET
 Full Name (Last, First, Middle Initial)
 Mailing Address 31651 PEPPERTREE BEND
 FOURAELECTRIC@SBCGLOBAL.NET
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOURA ELECTRIC Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.118979
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. JOHN FOWLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 PINE KNOB TERRACE
 City MILFORD State CT Zip Code 06461-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NATIONAL REVIEW Occupation PUBLISHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103448
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. JOHN FOWLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10338 CR 312
 P.O. BOX 610
 City LLANO State TX Zip Code 78643-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11.125142
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 173 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRIAN FOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13812 STAMPFORD DRIVE
 City HOUSTON State TX Zip Code 77077-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.123988
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. CLINTON FRANCISCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 W. ROGERS ST.
 City LAUREL State IA Zip Code 50141-7720
 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 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103488
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. EJ FRASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 OCEAN PALM WAY
 City SAINT AUGUSTINE State FL Zip Code 32080-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHROP GRUMMAN Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.106659
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 174 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN FRASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 EL PARQUE DR.
 KARENF2@YAHOO.COM
 City EL PASO State TX Zip Code 79912-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED REGISTERED NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.118922
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GEORGE H. FREISEM III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 PIEDMONT RD NE
 SUITE C
 City ATLANTA State GA Zip Code 30305-2781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FREISEM, MACNA, SWANN & MAZONE Occupation LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137558
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. LOUIS FRIEDRICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 E 78TH ST
 City NEW YORK State NY Zip Code 10075-0533
 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 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.134630
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: PAGE 175 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. ANDY FRIESCH

Mailing Address 1617 FOX HOLLOW LANE

City State Zip Code
 CEDARBURG WI 53012-8863

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

Name of Employer Occupation
 HEARTLAND ADHESIVES LLC EXECUTIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 09 / 2015
Transaction ID : SA11.132245

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JANET FRISCHHERTZ

Mailing Address 9 SOUTH LARK STREET

City State Zip Code
 NEW ORLEANS LA 70124-4515

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

Name of Employer Occupation
 RETIRED VOLUNTEER ACTIVIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.124026

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. JAMES L. FULLMER

Mailing Address 2552 WALNUT AVE
 SUITE 230

City State Zip Code
 TUSTIN CA 92780-6983

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

Name of Employer Occupation
 FULLMER CONSTRUCTION PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11.108956

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

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 176 OF 1266 |
| <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES FUNK
Full Name (Last, First, Middle Initial)

Mailing Address 924 GOLF VIEW ST.

| | | |
|---------------|-------------|------------------------|
| City TAMPA | State FL | Zip Code 33629-5222 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|---|----------------------------|
| Name of Employer CARLYLE INVESTMENTS, INC. | Occupation RE DEVELOPER |
|---|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.104845

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

B. DR RONALD S. GABRIEL
Full Name (Last, First, Middle Initial)

Mailing Address 2080 CENTURY PARK E. SUITE 203

| | | |
|---------------------|-------------|------------------------|
| City LOS ANGELES | State CA | Zip Code 90067-2005 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|--|--|
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | Occupation INFORMATION REQUESTED PER BEST EFF |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.111004

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

C. GAY GAINES
Full Name (Last, First, Middle Initial)

Mailing Address 2 N BREAKERS ROW

| | | |
|--------------------|-------------|------------------------|
| City PALM BEACH | State FL | Zip Code 33480-4040 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.106645

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3950.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM GAIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5233 ARMOUR COURT
 City HAYMARKET State VA Zip Code 20169-3178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127430
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MATTHEW J. GALLAHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 W DESERT BROOM PL
 City CHANDLER State AZ Zip Code 85248-3571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDWATER INSTITUTE Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.107941
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. HARRY GAMBILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7345 CHEROKEE LANE
 City MURRAYVILLE State GA Zip Code 30564-1727
 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 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108074
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 178 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CALVIN GARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3516 NW 69TH ST
 City OKLAHOMA CITY State OK Zip Code 73116-2104
 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 0.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.125951
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DONALD GARRETSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1281
 DONALD.E.GARRETSON@XCELENERGY.COM
 City CONIFER State CO Zip Code 80433-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer XCEL ENERGY, COMMUNITY COLLEGE OF DENVER Occupation BUSINESS ECONOMIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118975
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. J. HARPER GASTON M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 670
 City GREENVILLE State GA Zip Code 30222-0670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation DOCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.100522
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 179 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK GATELY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 ROLAND AVENUE
 City Baltimore State MD Zip Code 21210-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131738
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SHELLEY GATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 734 SUNSET PL
 City HENDRICKS State MN Zip Code 56136-1241
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134677
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. ROBERT GAULT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1797 E CAMPVILLE RD
 City ENDICOTT State NY Zip Code 13760-8429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GAULT CHEVROLET CO., INC. CAR DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 24 / 2015
Transaction ID : SA11.104469
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 180 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LARRY GAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15970 SW 252 ST
 LGAY10@YAHOO.COM
 City HOMESTEAD State FL Zip Code 33031-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : SA11.119098
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MR. LAWRENCE GAY JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15970 SW 252ND ST
 City HOMESTEAD State FL Zip Code 33031-2000
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11.111020
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. SUSANNE E. GEIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6000 REDBIRD HOLLOW LN
 City CINCINNATI State OH Zip Code 45243-3331
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.109637
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 181 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ARTHUR L. GEIGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4356 RIDGEWOOD LN S
 GEIG42@GMAIL.COM
 City BILLINGS State MT Zip Code 59106-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.118841
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BENJAMIN GELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 VALERIE STREET
 BGELMAN@UTMB.EDU
 City BELLAIRE State TX Zip Code 77401-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH Occupation NEUROSCIENCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118844
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. TERESA GEOFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 SHEARWATER PLACE
 City THE WOODLANDS State TX Zip Code 77381-5124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation HOME MAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131743
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 182 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TERESA GEOFFREY

Mailing Address 4 SHEARWATER PLACE

City THE WOODLANDS State TX Zip Code 77381-5124

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

Name of Employer RETIRED Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11.136809

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TERESA GEOFFREY

Mailing Address 4 SHEARWATER PLACE

City THE WOODLANDS State TX Zip Code 77381-5124

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

Name of Employer RETIRED Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2015

Transaction ID : SA11.136843

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. TERESA GEOFFREY

Mailing Address 4 SHEARWATER PLACE

City THE WOODLANDS State TX Zip Code 77381-5124

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

Name of Employer RETIRED Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11.138276

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 183 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TERESA GEOFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 SHEARWATER PLACE
 City THE WOODLANDS State TX Zip Code 77381-5124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation HOME MAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.138302
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MARC GERBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 998 SPANISH MOSS TRAIL
 City NAPLES State FL Zip Code 34108-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134704
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PATRICIA GERHARDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1048 PRICE SCHOOL LANE
 City LADUE State MO Zip Code 63124-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEPT OF HOUSING AND URBAN DEVELOPM Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.128604
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 184 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. EDWARD GERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 765
 23 HARRASEEKET ROAD
 City SOUTH FREEPORT State ME Zip Code 04078-0765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STSLLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : SA11.123991
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. EDWARD GERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 765
 23 HARRASEEKET ROAD
 City SOUTH FREEPORT State ME Zip Code 04078-0765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STSLLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.134707
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PETER GIACOBAZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4711 VIVIANA DR.
 City TARZANA State CA Zip Code 91356-5038
 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 ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.123891
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 185 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GEORGE R GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 FOX HUNT RD - BOX 161
 City NEW VERNON State NJ Zip Code 07976-
 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 ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.123866
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GEORGE R. GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 FOX HUNT RD - BOX 161
 GRGIBSON@AOL.COM
 City NEW VERNON State NJ Zip Code 07976-
 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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118930
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. FRANK GIGLIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 PROSPECT PARK WEST
 C-7
 City BROOKLYN State NY Zip Code 11215-2363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119051
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 186 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. R. AUSTIN GILBERT JR
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3009
 City FLORENCE State SC Zip Code 29502-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILBERT CONSTRUCTION CO Occupation CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11.111378
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

B. NEIL GILLESPIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 OAKLEY PLACE
 City ALEXANDRIA State VA Zip Code 22302-3611
 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 **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.129383
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. MRS. LESLIE F. GILLIAM
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 820
 City KESWICK State VA Zip Code 22947-0820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUMBERLAND DEVELOPMENT Occupation MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11.109052
 Amount of Each Receipt this Period **100000.00**
 Memo Item
CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional)..... | 101500.00 |
| 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 187 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MR. SAMUEL L. GINN | | Date of Receipt MM / DD / YYYY 10 / 16 / 2015 |
| Mailing Address 400 S EL CAMINO REAL STE 1400 | | Transaction ID : SA11.109508 |
| City SAN MATEO | State CA | Zip Code 94402-1740 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 5000.00 | |
| Name of Employer RETIRED | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. HILDA E. GIROMINI | | Date of Receipt MM / DD / YYYY 09 / 26 / 2015 |
| Mailing Address 11 SHADY CREEK CT | | Transaction ID : SA11.111366 |
| City LAFAYETTE | State IN | Zip Code 47905-8413 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer SELF | Occupation HOMEMAKER | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DR WYATT W. GIVENS PH. D. | | Date of Receipt MM / DD / YYYY 09 / 26 / 2015 |
| Mailing Address 105 BROKEN BOW DR | | Transaction ID : SA11.109910 |
| City GUNTER | State TX | Zip Code 75058-2563 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer NONE | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 188 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. JAMES S. GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 CORTE PATENCIO
 City GREENBRAE State CA Zip Code 94904-1116
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2015
Transaction ID : SA11.102695
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

B. MRS. JANIS F. GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 CORTE PATENCIO
 City GREENBRAE State CA Zip Code 94904-1116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2015
Transaction ID : SA11.102694
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. JOHN GLEESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 N HICKORY AVE
 JOHNG12490@YAHOO.COM
 City ARLINGTON HEIGHTS State IL Zip Code 60004-6249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11.119042
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 189 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|-------|---|
| Full Name (Last, First, Middle Initial) A. JOHN GLEESON | | Date of Receipt |
| Mailing Address 412 N HICKORY AVE JOHNG12490@YAHOO.COM | | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| ARLINGTON HEIGHTS | IL | 60004-6249 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.119043 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |
| Name of Employer SELF EMPLOYED | | <input type="checkbox"/> Memo Item |
| Occupation RETIRED | | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ |
| | | <input type="text" value="0.00"/> |

| | | |
|---|-------|---|
| Full Name (Last, First, Middle Initial) B. MILDRED ANN GLENDINNING | | Date of Receipt |
| Mailing Address 318 S. BEACH RD. ANNWG@AOL.COM | | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| HOBE SOUND | FL | 33455-2605 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.118835 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer RETIRED | | <input type="checkbox"/> Memo Item |
| Occupation HOUSEWIFE | | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ |
| | | <input type="text" value="0.00"/> |

| | | |
|---|-------|---|
| Full Name (Last, First, Middle Initial) C. MILDRED ANN GLENDINNING | | Date of Receipt |
| Mailing Address 318 S. BEACH RD. ANNWG@AOL.COM | | <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| HOBE SOUND | FL | 33455-2605 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.119111 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Name of Employer RETIRED | | <input type="checkbox"/> Memo Item |
| Occupation HOUSEWIFE | | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ |
| | | <input type="text" value="0.00"/> |

| | |
|---|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="1750.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text" value=""/> |

**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 190 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LISE GLOEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2610 N. VAN DORN ST.
 APT #202
 City ALEXANDRIA State VA Zip Code 22302-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NUTRITION COACHINNG, LLC Occupation REGISTERED DIETITIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128082
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JODIE GLORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 DAHLIA WAY
 City NAPLES State FL Zip Code 34105-3046
 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 ▼ 0.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.138257
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JANE GNAZZO
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 COMMONWEALTH AVE.
 City BOSTON State MA Zip Code 02116-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORIANDER INC. Occupation RE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103767
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LOIS GODFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 MIRAMAR DRIVE
 City FULLERTON State CA Zip Code 92831-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer -- Occupation --
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11.124027
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. RICHARD GOLDBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1554 CHERRY GRPVE RD NORTH
 RAGOLDBACH@MAC.COM
 City SUFFOLK State VA Zip Code 23432-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118969
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. LAUREN GOLDSMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address MAYWOOD
 HAWTHORNE ROAD
 City BICKLEY KENT State IN Zip Code BR1 2-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.132957
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 192 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HODGE GOLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 TOWERVIEW DRIVE
 City ATLANTA State GA Zip Code 30324-2915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MPG Occupation PSYCHOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129397
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. CHARLES A. GOMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2053 RIESLING WAY
 City CAMERON PARK State CA Zip Code 95682-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VERISIGN, INC. Occupation VP, POLICY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11.110917
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. RAFAEL GOMEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1222 MOLOKAI ROD
 City JACKSONVILLE State FL Zip Code 32216-3276
 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 ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.126640
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 193 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN GOODRICH
Full Name (Last, First, Middle Initial)
Mailing Address 745 E 700 S
City PORTLAND State IN Zip Code 47371-8840
FEC ID number of contributing federal political committee. **C**
Name of Employer J&P CUSTOM PLATING, INC Occupation SELF EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131754
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. SANDRA GOODSTEIN
Full Name (Last, First, Middle Initial)
Mailing Address 1770 MELMAR RD.
City HUNTINGDON VALLEY State PA Zip Code 19006-7981
FEC ID number of contributing federal political committee. **C**
Name of Employer WESCOTT FINANCIAL ADVISORY GROUP, LLC Occupation FINANCIAL ADVISOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132962
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. C. BRUCE GORDY
Full Name (Last, First, Middle Initial)
Mailing Address 1209 COUNTRY LN
City ORLANDO State FL Zip Code 32804-6511
FEC ID number of contributing federal political committee. **C**
Name of Employer GORDY FAMILY DENTAL Occupation DENTIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137561
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
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 194 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRANK D. GORHAM I.I.I.
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 BEACH RD S
 City WILMINGTON State NC Zip Code 28411-9222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2015
Transaction ID : SA11.137490
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. DANIEL GORMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 N. INTERLACHEN AVENUE
 City WINTER PARK State FL Zip Code 32789-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.125960
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT GOTTFRED
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 N. LASALLE DR. UNIT 4402
 City CHICAGO State IL Zip Code 60654-6386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ERIE-LASALLE BODY SHOP OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.128090
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 195 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. NANCY GOULD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 367

City State Zip Code
TWIN MOUNTAIN NH 03595-0367

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 ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : SA11.100079

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. RICHARD GOULD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 367

City State Zip Code
TWIN MOUNTAIN NH 03595-0367

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

Name of Employer Occupation
SELF INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2015

Transaction ID : SA11.105527

Amount of Each Receipt this Period
610.00

Memo Item
CONTRIBUTION

C. ELIZABETH GRACE
Full Name (Last, First, Middle Initial)

Mailing Address 509 NORTH ST

City State Zip Code
BEAUFORT SC 29902-4770

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

Name of Employer Occupation
-- HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11.131268

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1110.00 |
| 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 196 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRETT GRAHAM
Full Name (Last, First, Middle Initial)

Mailing Address 101 WARREN STREET
770N

City NEW YORK State NY Zip Code 10007-1366

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

Name of Employer VERTICAL CAPITAL Occupation FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123843

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MRS. HOLLY GRANGE
Full Name (Last, First, Middle Initial)

Mailing Address 8316 BALD EAGLE LN

City WILMINGTON State NC Zip Code 28411-9309

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11.137057

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. SCOTT GRANNIS
Full Name (Last, First, Middle Initial)

Mailing Address 838 W 10TH ST

City CLAREMONT State CA Zip Code 91711-3616

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134759

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 197 OF 1266 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHELLE GRECH
Full Name (Last, First, Middle Initial)

Mailing Address 3630 PEACHTREE RD NE

| | | |
|-----------------|-------------|------------------------|
| City ATLANTA | State GA | Zip Code 30326-1543 |
|-----------------|-------------|------------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer MICHELLE GRECH | Occupation PRESIDENT |
|------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 14 | / | 2015 |

Transaction ID : SA11.137580

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. DAVID GREENWALT
Full Name (Last, First, Middle Initial)

Mailing Address 11170 AQUA VISTA STREET #A102

| | | |
|-------------------------|-------------|------------------------|
| City NORTH HOLLYWOOD | State CA | Zip Code 91602-3128 |
|-------------------------|-------------|------------------------|

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

| | |
|--------------------------|----------------------|
| Name of Employer SELF | Occupation WRITER |
|--------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2015 |

Transaction ID : SA11.111421

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. DAVID GREENBERG
Full Name (Last, First, Middle Initial)

Mailing Address 5959 RICHMOND, SUITE 440
DAVID@GREENBERGCOMPANY.COM

| | | |
|-----------------|-------------|------------------------|
| City HOUSTON | State TX | Zip Code 77057-6325 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer SELF | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 10 | / | 2015 |

Transaction ID : SA11.118989

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 198 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DEAN GREEN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8789

City GREENSBORO State NC Zip Code 27419-0789

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

Name of Employer OWNER G.A.A. Occupation AUTO DEALER & AUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 06 / 2015
Transaction ID : SA11.111468

Amount of Each Receipt this Period 4000.00

Memo Item CONTRIBUTION

B. DEAN GREEN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8789

City GREENSBORO State NC Zip Code 27419-0789

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

Name of Employer OWNER G.A.A. Occupation AUTO DEALER & AUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.137461

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. JOHN F. GREEN
Full Name (Last, First, Middle Initial)

Mailing Address 234 SABINE DRIVE
ABACODAN@GMAIL.COM

City PENSACOLA BEACH State FL Zip Code 32561-5223

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

Name of Employer GREEN MACHINE Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.118829

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5250.00 |
| 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 199 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL GREENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 371 KING OF PRUSSIA RD
 MKE9003@ME.COM
 City WAYNE State PA Zip Code 19087-2176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHIPPENSBURG UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 09 / 2015**
Transaction ID : SA11.118909
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. THOMAS GREENHALGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3210 LEYTON LN
 City MADISON State WI Zip Code 53713-3405
 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 **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.134777
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. HOLLY GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2688
 City ELKO State NV Zip Code 89803-2688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11.127195
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 200 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHRYN GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 LEGEND MILL CT
 TYLEROLIVIAATHIME@YAHOO.COM
 City THE WOODLANDS State TX Zip Code 77382-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GPG CONSULTING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118849
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MS. VIOLET M. GRIESE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 ARUNDEL RD
 City GREENVILLE State SC Zip Code 29615-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 10 / 2015
Transaction ID : SA11.110963
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. BAXTER GRIFFITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7421 TOMCRIS CT
 City SPRINGFIELD State VA Zip Code 22153-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124018
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 201 OF 1266 |
| <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID H. GRIFFIN
Full Name (Last, First, Middle Initial)
Mailing Address 5395 RIVER RD
City JAMESTOWN State NC Zip Code 27282-8906
FEC ID number of contributing federal political committee. **C**
Name of Employer D.H. GRIFFIN WRECKING CO Occupation WRECKING
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 0.00

Date of Receipt 11 / 05 / 2015
Transaction ID : SA11.137484
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. DONNA GRIFFIN
Full Name (Last, First, Middle Initial)
Mailing Address 5395 RIVER RD
City JAMESTOWN State NC Zip Code 27282-8906
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation D.H. WRECKING CO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 0.00

Date of Receipt 11 / 06 / 2015
Transaction ID : SA11.137487
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. JULIE K. GRIFFITH
Full Name (Last, First, Middle Initial)
Mailing Address 3552 TOWNE DR
City CARMEL State IN Zip Code 46032-8536
FEC ID number of contributing federal political committee. **C**
Name of Employer PURDUE UNIVERSITY Occupation ADMINISTRATOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137396
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 2500.00
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 202 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DALE GRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 HWY 86
 City BRAWLEY State CA Zip Code 92227-9709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation TRANSPORTATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129416
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GEORGE R GRIMWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8355 ROYALL OAKS DR.
 City GRANITE BAY State CA Zip Code 95746-9341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation USAF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128097
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CARL GROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 WEST MAIN STREET
 City FREEHOLD State NJ Zip Code 07728-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123925
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 203 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ELIZABETH GROSSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1464 HIDDEN VALLEY RD.

City THOUSAND OAKS State CA Zip Code 91361-5004

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

Name of Employer SELF Occupation PRIVATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.128620

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

B. JOHN GROSSI
Full Name (Last, First, Middle Initial)

Mailing Address 7775 N PEBBLE DRIVE

City KINGMAN State AZ Zip Code 86401-8710

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

Name of Employer BASF Occupation SALES MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11.127196

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. JOSEPH GROSZ
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. HARBOR DRIVE, APT 3612

City CHICAGO State IL Zip Code 60601-7368

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

Name of Employer PREMIER CAPITAL BROU,INC Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.132987

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 204 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. DANIEL M. GUGGENHEIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 BEACON BAY
 DGUGGIE@AOL.COM
 City NEWPORT BEACH State CA Zip Code 92660-7216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF - THE GUGGENHEIM COMPANY Occupation REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.119085
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. VINCENT GURXO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 PACES FERRY RD
 City ATLANTA State GA Zip Code 30339-4020
 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 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.107489
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. GRETCHEN K. GUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1474 N NEW JERSEY ST
 City INDIANAPOLIS State IN Zip Code 46202-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137398
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| 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 205 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JON HABER | | Date of Receipt MM / DD / YYYY 08 / 10 / 2015 |
| Mailing Address 3 SHEILAH CT JON@ALTOMUSIC.COM | | Transaction ID : SA11.118951 |
| City MONTEBELLO | State NY | Zip Code 10901-3613 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer ALTO MUSIC | Occupation BUSINESS | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CYDNEY HAFNER | | Date of Receipt MM / DD / YYYY 08 / 11 / 2015 |
| Mailing Address 230 OCEAN GRANDE BLVD 402 | | Transaction ID : SA11.118831 |
| City JUPITER | State FL | Zip Code 33477-7354 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer CHRIST FELLOWSHIP CHURCH GARDENS CAMPU | Occupation CHURCH VOLUNTEER | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. THOMAS HAGER | | Date of Receipt MM / DD / YYYY 08 / 29 / 2015 |
| Mailing Address 695 SUMMER LANE TOMTERRIFIC3@JUNO.COM | | Transaction ID : SA11.118983 |
| City WHITE SALMON | State WA | Zip Code 98672-7400 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer EMPLOYER *NONE | Occupation RETIRED | <input type="checkbox"/> Memo Item CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 206 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAN HAIR
Full Name (Last, First, Middle Initial)

Mailing Address 3813 KIMBERLY LANE
BLKHAIR@SBCGLOBAL.NET

City FORT WORTH State TX Zip Code 76133-2020

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.119103

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. JAN HAIR
Full Name (Last, First, Middle Initial)

Mailing Address 3813 KIMBERLY LANE
BLKHAIR@SBCGLOBAL.NET

City FORT WORTH State TX Zip Code 76133-2020

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 23 / 2015
Transaction ID : SA11.127197

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. BILLY HALE
Full Name (Last, First, Middle Initial)

Mailing Address 11823 WILCREST

City HOUSTON State TX Zip Code 77031-1919

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

Name of Employer RUBE HOLDINGS, LTD Occupation INVESTMENT BUILDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129437

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 207 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL W. HALEY
Full Name (Last, First, Middle Initial)

Mailing Address 12121 W END

City NORTH PALM BEACH State FL Zip Code 33408-2942

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11.137480

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. JOSH HALL
Full Name (Last, First, Middle Initial)

Mailing Address 7616 LHIRONDELLE CLUB RD

City TOWSON State MD Zip Code 21204-6420

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134831

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. LAURENCE HALLAS
Full Name (Last, First, Middle Initial)

Mailing Address 1350 WAKESHIRE TERRACE

City BALLWIN State MO Zip Code 63011-2931

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

Name of Employer ALMOSTEUROPE LMII Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.124003

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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 208 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. MICHAEL R. HALLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15702 NE 135TH ST
 City REDMOND State WA Zip Code 98052-1756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106603
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

B. DERYL F. HAMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9290 W DODGE RD
 STE 203
 City OMAHA State NE Zip Code 68114-3320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF LAWYER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11.111473
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. CHARLOTTE HAMBRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2009
 City MANCHACA State TX Zip Code 78652-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF TEXAS SYSTEM HIGHER EDUCATION ADMINISTRATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.124033
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
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 209 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRYON HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 INDIAN SPRINGS DR.
 City FLORENCE State AL Zip Code 35634-2057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WALGREENS Occupation IT ARCHITECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128105
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DAVID HAMLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12324 E 86TH ST N #245
 City OWASSO State OK Zip Code 74055-2543
 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 ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.127682
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. BRUCE HAMMONDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 BEACH RD.
 City VERO BEACH State FL Zip Code 32963-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBNA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134845
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 210 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRED HANNA
Full Name (Last, First, Middle Initial)

Mailing Address 3660 LOWER ROSWELL RD

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| MARIETTA | GA | 30068-3938 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| SELF | ATTORNEY |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137568

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. JAMES C. HANSBERGER
Full Name (Last, First, Middle Initial)

Mailing Address 1416 GARMON FERRY RD NW

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| ATLANTA | GA | 30327-3838 |

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

| | |
|------------------|-------------------|
| Name of Employer | Occupation |
| MORGAN STANLEY | MANAGING DIRECTOR |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137560

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. DELL LOY HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 595 SOUTH RIVERWOODS PKWY
SUITE 400

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| LOGAN | UT | 84321-6845 |

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

| | |
|---------------------------------|-----------------|
| Name of Employer | Occupation |
| WASATCH PROPERTY MANAGEMENT INC | PRESIDENT & CEO |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11.111544

Amount of Each Receipt this Period
 10000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 13000.00 |
| 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 211 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7648 SOUTH PINE AVE.
 City OAK CREEK State WI Zip Code 53154-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACSTEN HOLDINGS LLC Occupation BUSINESS INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11.138539
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. WILLIAM HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1537 LONGFELLOW STREET
 City MCLEAN State VA Zip Code 22101-4428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USA FUNDS Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.128632
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DEAN HANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 13432 HANSON BLVD
 City ANDOVER State MN Zip Code 55304-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HANSON BUILDERS Occupation HOME BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.127451
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 212 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRYAN HARDEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6757 AIRPORT BLVD
 City AUSTIN State TX Zip Code 78752-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.124060
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. BRYAN HARDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6757 AIRPORT BLVD.
 City AUSTIN State TX Zip Code 78752-3602
 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 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.125809
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. MIKE HARGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 MOURNING DOVE DRIVE
 City SARASOTA State FL Zip Code 34236-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED, SENIOR EXEC / CHEMICAL ENGIN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134862
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| 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 213 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MS. MARIE HARLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27140 EAST EL MACERO DRIVE
 MARIEHARLAN@SBCGLOBAL.NET
 City EL MACERO State CA Zip Code 95618-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORMERLY THE CA STATE SENATE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119019
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. DAN HARLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 3956 LOCH MEADE DR.
 DANNYH@EAGLEMEDICALSTAFFING.COM
 City ARLINGTON State TN Zip Code 38002-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAGLE MEDICAL STAFFING, LLC Occupation SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119020
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. LINDSAY A. HARMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9818 FORD VALLEY LN
 City ZIONSVILLE State IN Zip Code 46077-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE NATIONAL BANK OF INDIANAPOLIS Occupation LOAN PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137392
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
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 214 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GLENN HARNED
Full Name (Last, First, Middle Initial)

Mailing Address 11644 CREST MAPLE DRIVE
GHARNED@COMCAST.NET

City WOODBRIDGE State VA Zip Code 22192-6640

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

Name of Employer MBO PARTNERS Occupation DEFENSE CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : SA11.118911

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. CHARLENE HAROCHE
Full Name (Last, First, Middle Initial)

Mailing Address 1233 ROCK RIMMON RD

City STAMFORD State CT Zip Code 06903-1107

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11.111052

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. BARBARA HARRE
Full Name (Last, First, Middle Initial)

Mailing Address 13150 106TH AVE

City DAVENPORT State IA Zip Code 52804-8847

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11.111103

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 215 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BILL HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1734 CLARKSON RD
 City CHESTERFIELD State MO Zip Code 63017-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMAND MANAGEMENT INC Occupation PRESIDENT & CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107986
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GARY HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10089 QUAIL COVEY RD
 JKH3612@YAHOO.COM
 City BOYNTON BEACH State FL Zip Code 33436-4520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.A. Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.118886
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JAY HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3611 POWDERHORN CIRCLE
 City BILLINGS State MT Zip Code 59102-0372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YELLOWSTONE BANK Occupation RETIRED OFFICE MANAGER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.123872
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 216 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHLEEN HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 407 ADAMS
MHARRISPHD@HOTMAIL.COM

City DENVER State CO Zip Code 80206-4410

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.119036

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. STEPHEN HARRINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 142 MT. PELIA ROAD

City BLUFFTON State SC Zip Code 29910-8351

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

Name of Employer SELF Occupation BEEKEEPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.131293

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. MR. FREDERICK HARROLD
Full Name (Last, First, Middle Initial)

Mailing Address 4206 H. STREET

City SACRAMENTO State CA Zip Code 95819-3425

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 ▼
0.00

Date of Receipt
10 / 09 / 2015
Transaction ID : SA11.110882

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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 217 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CAROLYN G. HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 DRAKESTONE AVE
 City OKLAHOMA CITY State OK Zip Code 73120-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation AUTHOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.136996
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ROGER HARTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 20497 LEANA COURT NAPLES08@GMAIL.COM
 City STRONGSVILLE State OH Zip Code 44149-0972
 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 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119017
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. ROGER HARTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 20497 LEANA COURT NAPLES08@GMAIL.COM
 City STRONGSVILLE State OH Zip Code 44149-0972
 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 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123947
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| 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: (check only one) | PAGE 218 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREGORY HARTLEY
Full Name (Last, First, Middle Initial)

Mailing Address 24615 MARSH LANDING PKWY

City State Zip Code
PONTE VEDRA FL 32082-2138

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

Name of Employer Occupation
NFOFS SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : SA11.125159

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. KEVIN HARTNETT
Full Name (Last, First, Middle Initial)

Mailing Address 14355 CHEYENNE TRAIL

City State Zip Code
POWAY CA 92064-6629

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

Name of Employer Occupation
LASER ELECTRIC, INC. ELECTRICAL CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.108099

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. WILLIAM HARVIE
Full Name (Last, First, Middle Initial)

Mailing Address 9747 PEBBLE BEACH DR

City State Zip Code
SANTEE CA 92071-2016

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

Name of Employer Occupation
TORREY PINES HIGH SCHOOL HIGH SCHOOL TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : SA11.102751

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 219 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM HARVIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9747 PEBBLE BEACH DR
 City SANTEE State CA Zip Code 92071-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TORREY PINES HIGH SCHOOL Occupation HIGH SCHOOL TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 26 / 2015
Transaction ID : SA11.111360
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. HALL HASELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 VALLE VERDE DR
 City BRENTWOOD State TN Zip Code 37027-5671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 21 / 2015
Transaction ID : SA11.137709
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. HUNTER HASTINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 675393
 City RANCHO SANTA FE State CA Zip Code 92067-5393
 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 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.125399
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| 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 220 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT HATCHER
Full Name (Last, First, Middle Initial)

Mailing Address 799 SABOT HILL RD.

City State Zip Code
MANAKIN SABOT VA 23103-3007

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

Name of Employer Occupation
WILLIS RE INC. RETIRED USA COLONEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 22 / 2015
Transaction ID : SA11.123900

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ANNE HATHAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 4505 N DELAWARE ST

City State Zip Code
INDIANAPOLIS IN 46205-1719

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

Name of Employer Occupation
HATHAWAY STRATEGIES, LLC CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
11 / 25 / 2015
Transaction ID : SA11.137402

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. JOE HAVRILLA
Full Name (Last, First, Middle Initial)

Mailing Address 227 RHYTHM

City State Zip Code
IRVINE CA 92603-4254

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129466

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 221 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ROBERT C. HAWK
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 DOWNING ST
 12TH FLOOR PH
 City DENVER State CO Zip Code 80218-3467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11.105946
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

B. MR. KIM M. HAWKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8423 LOVELAND DR
 City OMAHA State NE Zip Code 68124-1356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAWKINS CONSTRUCTION CO. Occupation GENERAL CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137200
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

C. MICHAEL HAWKSWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 W. PORTLAND ST
 City PHOENIX State AZ Zip Code 85003-5452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MSS TECHNOLOGIES INC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107888
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 15200.00 |
| 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 222 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. RHONDA A. HAWKS

Mailing Address 1446 N 142ND CIR

City OMAHA State NE Zip Code 68154-3876

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

Name of Employer SELF EMPLOYED Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11.106047

Amount of Each Receipt this Period
 20000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. RHONDA A. HAWKS

Mailing Address 1446 N 142ND CIR

City OMAHA State NE Zip Code 68154-3876

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

Name of Employer SELF EMPLOYED Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11.137813

Amount of Each Receipt this Period
 5401.61

Memo Item
CONTRIBUTION

EVENT EXPENSES - CATERING, AV RENTALS, PARKING

Full Name (Last, First, Middle Initial)
C. THOMAS HAWKSWORTH

Mailing Address 208 W PORTLAND ST UNIT 256

City PHOENIX State AZ Zip Code 85003-5455

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

Name of Employer MSS TECHNOLOGIES Occupation PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11.103654

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 26401.61

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 223 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES HAYBYRNE
Full Name (Last, First, Middle Initial)

Mailing Address 712 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314-3005

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

Name of Employer STRATEGIC THINKING GROUP Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.134892

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. THOMAS HAYTHE
Full Name (Last, First, Middle Initial)

Mailing Address 11 LAMBOLL STREET
TMHAYTHE@TMHAYTHE.COM

City CHARLESTON State SC Zip Code 29401-2314

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

Name of Employer SELF Occupation BUSINESS LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118826

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. THOMAS HAYTHE
Full Name (Last, First, Middle Initial)

Mailing Address 11 LAMBOLL STREET
TMHAYTHE@TMHAYTHE.COM

City CHARLESTON State SC Zip Code 29401-2314

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

Name of Employer SELF Occupation BUSINESS LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.118838

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 224 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN HAZARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 HUNTINGRIDGE DR.
 LKHAZARD@GMAIL.COM
 City S. GLASTONBURY State CT Zip Code 06073-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MDMC Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118878
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. JOHN T. HAZEL JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 6254 HUNTLEY RD
 City BROAD RUN State VA Zip Code 20137-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESSMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 03 / 2015
Transaction ID : SA11.111137
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. DONALD HAZLETT M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 LARISTONE COURT
 City CLAYTON State DE Zip Code 19938-5503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RHD ICM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133018
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 225 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL HEARNE
Full Name (Last, First, Middle Initial)

Mailing Address 4755 GIBBONS DRIVE

City State Zip Code
CARMICHAEL CA 95608-2209

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

Name of Employer Occupation
U.S. DEPT. OF V.A. RETIRED PLUMBER/MAINTENANCE MECHA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2015

Transaction ID : SA11.126881

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. ERIC HEDIGER
Full Name (Last, First, Middle Initial)

Mailing Address 40404 AUTUMN OAK LANE

City State Zip Code
ALDIE VA 20105-2365

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS SMALL BUSINESS EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SA11.124752

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. ERIC HEDIGER
Full Name (Last, First, Middle Initial)

Mailing Address 40404 AUTUMN OAK LANE

City State Zip Code
ALDIE VA 20105-2365

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS SMALL BUSINESS EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SA11.134906

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 226 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL HEIDIG
Full Name (Last, First, Middle Initial)

Mailing Address 6109 22ND ROAD N.

City State Zip Code
ARLINGTON VA 22205-3411

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HENKELS & MCCOY PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.123942

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

B. CATHERINE HEISER
Full Name (Last, First, Middle Initial)

Mailing Address 3649 VINEYARD PL

City State Zip Code
CINCINNATI OH 45226-1726

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED RESIDENTIAL CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.134911

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

C. NANCI HELLMICH
Full Name (Last, First, Middle Initial)

Mailing Address 11719 SADDLE CRESCENT CIRCLE

City State Zip Code
OAKTON VA 22124-2339

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED WRITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.123970

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="750.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 227 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SANDRA HEMMING
 Full Name (Last, First, Middle Initial)
 Mailing Address 14289 COEUR D'ALENE CT
 City VALLEY CENTER State CA Zip Code 92082-6669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED FROM IBM Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 23 / 2015**
Transaction ID : SA11.125400
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. MS. BRENDA HENDERSHOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2708 E 1400 S
 City ST GEORGE State UT Zip Code 84790-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 25 / 2015**
Transaction ID : SA11.137303
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. GEORGE D. HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3139 TANYARD BRANCH ROAD
 City GAINESVILLE State GA Zip Code 30506-1634
 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 **0.00**

Date of Receipt **12 / 08 / 2015**
Transaction ID : SA11.137526
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 228 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RONALD HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 CROSS CREEK DRIVE EAST
 REHTVF@AOL.COM
 City MOUNTAIN BRK State AL Zip Code 35213-2325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. VINCENT'S HOSPITAL BIRMINGHAM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119065
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. DENNIS HENNESSY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9229 FOSTER
 DHENNESSY@NEWTHEATRE.COM
 City OVERLAND PARK State KS Zip Code 66212-2273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118999
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. PATRICK HENNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 HEATHERWOOD GREEN
 City CROMWELL State CT Zip Code 06416-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123889
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 229 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. CAROL A. HENRICHS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13403 EDGE WOOD LN
 City HIGHLAND State IL Zip Code 62249-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110116
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

B. MRS. CAROL A. HENRICHS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13403 EDGE WOOD LN
 City HIGHLAND State IL Zip Code 62249-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 10 / 2015
Transaction ID : SA11.110955
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. CHRISIE HENRY DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 FAIR HAVEN RD
 CHRISIE66@GMAIL.COM
 City FAIR HAVEN State NJ Zip Code 07704-3345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHORE PEDIATRIC DENTAL Occupation DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11.118892
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 230 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. INGO HENTSCHEL
Full Name (Last, First, Middle Initial)

Mailing Address 741 POINT SUR

City OCEANSIDE State CA Zip Code 92058-6923

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

Name of Employer COX COMMUNICATIONS Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2015

Transaction ID : SA11.100243

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

B. ALAN HERBERT
Full Name (Last, First, Middle Initial)

Mailing Address 25550 NORTH TUSCARORA COURT

City LAKE BARRINGTON State IL Zip Code 60010-1140

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : SA11.102616

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

C. GEORGE HERZOG
Full Name (Last, First, Middle Initial)

Mailing Address 7548 LK MARSHA DR.
 GFHERZOG@AOL.COM

City ORLANDO State FL Zip Code 32819-7734

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : SA11.118910

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: PAGE 231 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUSAN HESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2407 HAWTHORNE AVE
 City COLLEYVILLE State TX Zip Code 76034-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COOK CHILDREN'S PHYSICIAN NETWORK Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.127820
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BRIAN HIGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2020 PASEO DEL MAR
 City PALOS VERDES ESTAT State CA Zip Code 90274-2659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAUSD RETIRED Occupation TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123844
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JEFF HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 REAGAN CT
 City VENTURA State CA Zip Code 93003-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11.105256
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 232 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD HILLEMAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 CEDAR RIDGE ROAD
 City EUFAULA State OK Zip Code 74432-5038
 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 ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.107663
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. NOEL HILUB
 Full Name (Last, First, Middle Initial)
 Mailing Address 5805 INDUANWOOD LN
 NOELH2@SBCGLOBAL.NET
 City FORT WORTH State TX Zip Code 76132-4490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118959
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. OLAV HINKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 SNAPPER CREEK ROAD
 City CORAL GABLES State FL Zip Code 33156-3446
 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 ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110190
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 233 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEITH C. HINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 NELSON CT
 City MYRTLE BEACH State SC Zip Code 29572-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE INVESTOR/DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137552
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. DAVID HINTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12758 WEST CRESTVALE
 City PEORIA State AZ Zip Code 85383-5378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NELSONS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.134955
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. EDWARD HISER
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 HAWKE WOODS RD
 City HENDERSONVILLE State NC Zip Code 28792-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123992
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 234 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY P. HITE
Full Name (Last, First, Middle Initial)

Mailing Address 942 LULA PAYNE TRAIL

City BALL GROUND State GA Zip Code 30107-5096

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11.109755

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. TERRY HOBBS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 54578
TERRYHOBBS@COMCAST.NET

City PANAMA CITY BEACH State GA Zip Code 30308-0578

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

Name of Employer HOBBS & ASSOCIATES Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.119025

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. RICHARD HOENER
Full Name (Last, First, Middle Initial)

Mailing Address 9641 LEE BLVD
RICHARD.HOENER@ATT.NET

City LEAWOOD State KS Zip Code 66206-2262

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

Name of Employer N/A Occupation NOT APPLICABLE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.118973

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 235 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALFRED HOFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 12530 SEMINOLE BEACH RD

| | | |
|--------------------------|-------------|------------------------|
| City NORTH PALM BEACH | State FL | Zip Code 33408-2534 |
|--------------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.103663

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. JOHN HOFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 485 MASON DIXON ROAD
JHOFFMAN@HOFFMANTRANSPORT.COM

| | | |
|---------------------|-------------|------------------------|
| City GREENCASTLE | State PA | Zip Code 17225-9639 |
|---------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer SELF | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.118927

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. GENE HOLCOMBE
Full Name (Last, First, Middle Initial)

Mailing Address 3127 LENOX RD NE UNIT 38

| | | |
|-----------------|-------------|------------------------|
| City ATLANTA | State GA | Zip Code 30324-6026 |
|-----------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer HOLCOMBE DESIGN BUILD | Occupation REAL ESTATE INVESTOR |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 20 / 2015
Transaction ID : SA11.107560

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| 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 236 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WALTER RANDY HOLLOWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3773 INDIAN RIVER DR.
 City COCOA State FL Zip Code 32926-8705
 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 ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.103978
 Amount of Each Receipt this Period 3000.00
 Memo Item
 CONTRIBUTION

B. TONY HOLSCHBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 E. LINCOLN ST.
 City WAUPUN State WI Zip Code 53963-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HORIZON CONSTRUCTION LLC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.106030
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. MRS. JULIANNA HAWN HOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2191 LITTLE BLANCO RD.
 City BLANCO State TX Zip Code 78606-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.109053
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 28500.00 |
| 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 237 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ERIC HOLTZE
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 W 58TH TERR
 City KANSAS CITY State MO Zip Code 64113-1161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E J HOLTZE CORP Occupation SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.103523
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. DAVID HONEYCUTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 CONGRESS SUITE 1600
 City AUSTIN State TX Zip Code 78701-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEXAS AMERICAN RESOURCES CO. Occupation OILMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.129495
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. ROY HOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 CEDAR LANE
 City SEABROOK State TX Zip Code 77586-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.133053
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 238 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES HOOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9502 EAST LAKE CIRCLE
 City State Zip Code
 GREENWOOD VILLAGE CO 80111-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WHEELER TRIGG O'DONNELL LLP LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129497
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. WAYNE HOOVESTOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3720 S. 228TH TERRACE CIR
 City State Zip Code
 ELKHORN NE 68022-3161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOOVESTOL INC TRUCKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11.138230
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. BARRY HOPKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8447 SE COCONUT STREET
 City State Zip Code
 HOBE SOUND FL 33455-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RAVE LLC CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.131789
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 239 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID HOPPEN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9734

City RANCHO SANTA FE State CA Zip Code 92067-4734

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

Name of Employer ICW GROUP Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123990

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

B. JOHN HORTON
Full Name (Last, First, Middle Initial)

Mailing Address 15 WILLOWCREEK RANCH ROAD
JBHRETRO@YAHOO.COM

City TOMBALL State TX Zip Code 77377-0149

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

Name of Employer AMRISC Occupation INSURANCE EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118858

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. JOHN HORTON
Full Name (Last, First, Middle Initial)

Mailing Address 15 WILLOWCREEK RANCH ROAD
JBHRETRO@YAHOO.COM

City TOMBALL State TX Zip Code 77377-0149

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

Name of Employer AMRISC Occupation INSURANCE EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.126760

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 240 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MS. BERTHA HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2202 SPINNAKER COURT
 City RESTON State VA Zip Code 20191-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11.124024
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. KAREN HOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 CLEVELAND LANE
 City PRINCETON State NJ Zip Code 08540-3077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128134
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. REAGAN HOUSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 790390
 City SAN ANTONIO State TX Zip Code 78279-0390
 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 ▼ 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.126376
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 241 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRED HOVENIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 179 N MAPLE ST
 FHOVENIER@LHIFRAMING.COM
 City CORONA State CA Zip Code 92880-1760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAURENCE-HOVENIER INC. Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.118923
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. HELEN H. HOWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 W MISSISSIPPI DR
 SUITE 600
 City MUSCATINE State IA Zip Code 52761-3760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 12 / 28 / 2015
Transaction ID : SA11.137744
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. KATHY HOWERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1476
 City RANCHO SANTA FE State CA Zip Code 92067-1476
 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 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129500
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 242 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JACK HOWETH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6301 ASHCROFT DR.
 City HOUSTON State TX Zip Code 77081-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOME BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128136
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. LUCIA AND TOM HOWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1655
 LUCIAHOWORTH@GMAIL.COM
 City ALEDO State TX Zip Code 76008-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118847
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. GEORGE HOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 SUNFISH PT
 City GREENSBORO State NC Zip Code 27455-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPASS FINANCIAL PARTNERS Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11.111248
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 243 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JUDITH A. HOYT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2830 TANNER LAKE TRL NW
 JUDYEL@MINDSPRING.COM
 City MARIETTA State GA Zip Code 30064-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.119029
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. CLAUDIA HRVATIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 NEWTON ST NW #208
 City WASHINGTON State DC Zip Code 20010-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING & SPALDING LLP Occupation ATTORNEY AT LAW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.135010
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. REBECCA HSU
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 EAST 70TH STREET
 APT 13B
 City NEW YORK State NY Zip Code 10021-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOHN HSU CAPITAL GROUP, INC. Occupation TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 30 / 2015
Transaction ID : SA11.124484
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 244 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHY F. HUBBARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 SUNSET LN
 City INDIANAPOLIS State IN Zip Code 46228-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E&A INDUSTRIES, INC. Occupation CONSULTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11.137418
 Amount of Each Receipt this Period 8000.00
 Memo Item
 CONTRIBUTION

B. ROBERT HUFFAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 375 MAJESTIC VIEW DRIVE
 City BOULDER State CO Zip Code 80303-4503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.110568
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. PHILLIP HUFFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12114 PUTTING GREEN ROW
 City SAN DIEGO State CA Zip Code 92128-3270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.127828
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 9500.00 |
| 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 245 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 GREY FOX TRL
 City Clayton State GA Zip Code 30525-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FOXGLOVE GROUP LLC CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.135020
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. GAIL HUGHES GALLI
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3206
 City PALM BEACH State FL Zip Code 33480-1406
 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 ▼
 0.00

Date of Receipt
 09 / 19 / 2015
Transaction ID : SA11.107395
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MRS. JOSIE HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 74868 318 AVE
 City VENANGO State NE Zip Code 69168-8006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 11 / 12 / 2015
Transaction ID : SA11.137207
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

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 246 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DR RONALD HUHN M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21617 650TH AVE
 City NEVADA State IA Zip Code 50201-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11.109754
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. SHERILYNN HUMMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 639
 City BURGESS State VA Zip Code 22432-0639
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.135026
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JAMES M HUMPHREYS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2923 NURICK DRIVE
 City CHATTANOOGA State TN Zip Code 37415-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CARPENTRY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.107289
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 247 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS HUMPHRIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 274 BLUE RIDGE LANE
 P.O BOX 1555
 City AMHERST State VA Zip Code 24521-4300
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11.130668
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DEBORAH HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 YACHT CLUB DRIVE
 48
 City DAPHNE State AL Zip Code 36526-7193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SH INVESTMENTS
 Occupation OFFICE MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11.118832
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MR. FRED HUNZEKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3402 N 216TH PLZ
 City ELKHORN State NE Zip Code 68022-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENASKA MARKETING GROUP
 Occupation PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11.137211
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 248 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID M. HUSACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4114 COLUMNS DR SE
 City MARIETTA State GA Zip Code 30067-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137586
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. JOHN HUSSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3591 REBEL CIRCLE
 JJHUSS@AOL.COM
 City HUNTINGTON BEACH State CA Zip Code 92649-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMJIM GROUP INC. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119101
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. JEREAN HUTCHINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 VISTA DE ORO
 City LAS CRUCES State NM Zip Code 88007-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127463
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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 249 OF 1266 (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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK HYMA
Full Name (Last, First, Middle Initial)

Mailing Address 8530 LA MESA BLVD SUITE 306

| | | |
|-----------------|-------------|------------------------|
| City LA MESA | State CA | Zip Code 91942-0967 |
|-----------------|-------------|------------------------|

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

| | |
|--|---------------------------------|
| Name of Employer PFS WEALTH ADVISORS, INC | Occupation FINANCIAL ADVISOR |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123940

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. JAMES INABNET
Full Name (Last, First, Middle Initial)

Mailing Address 4800 SUGAR GROVE BLVD, SUITE 476
CRAIG.INABNET@SESPEO.COM

| | | |
|------------------|-------------|------------------------|
| City STAFFORD | State TX | Zip Code 77477-2634 |
|------------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer STRATEGIC EMPLOYER SERVICES, LLC | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118964

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. TARA INNES
Full Name (Last, First, Middle Initial)

Mailing Address 2 STUYVESANT OVAL

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10009-2111 |
|------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | Occupation INVESTMENTS |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.128658

Amount of Each Receipt this Period
 400.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 900.00 |
| 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 250 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEITH IOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 HAMMOND STREET
 City SALISBURY State MD Zip Code 21804-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ARCHITECT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.130389
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. STEVE IRELAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 E. 19TH STREET
 City SIGNAL HILL State CA Zip Code 90755-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORE-ROSION PRODUCTS Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 20 / 2015**
Transaction ID : SA11.107617
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. THOMAS IRMSCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10401 MOHAWK CT
 City FT WAYNE State IN Zip Code 46804-4928
 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 **0.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : SA11.125993
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 251 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS IRMSCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10401 MOHAWK CT
 City FT WAYNE State IN Zip Code 46804-4928
 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 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127464
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. THOMAS IRMSCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10401 MOHAWK CT
 City FT WAYNE State IN Zip Code 46804-4928
 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 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.135045
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOYCE IRWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4738 ARABIAN RUN
 City INDIANAPOLIS State IN Zip Code 46228-7005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMUNITY HEALTH NETWORK Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137401
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 252 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN JARVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5448 KATIA COURT
 City AVE MARIA State FL Zip Code 34142-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCGLOTTEN & JARVIS Occupation LOBBYIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11.126306
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. ERIC M. JAVITS
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 BRADLEY PLACE #407
 City PALM BEACH State FL Zip Code 33480-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation DIPLOMAT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129530
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. SUZANNE JAWOROWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9624 FORTUNE DRIVE
 City FISHERS State IN Zip Code 46037-9046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNRISE COAL, LLC Occupation COMMUNICATIONS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137383
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 253 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. K.C. JEFFERIES
Full Name (Last, First, Middle Initial)

Mailing Address 27111 167TH PLACE, SE
STE 105-100

City KENT State WA Zip Code 98042-7337

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 ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129533

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. MS. LINDA JELACICH
Full Name (Last, First, Middle Initial)

Mailing Address 4747 WALNUT AVE.

City HUGHSON State CA Zip Code 95326-9769

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 26 / 2015
Transaction ID : SA11.100752

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. JUDITH JENKINS
Full Name (Last, First, Middle Initial)

Mailing Address 1225 WHITESIDE MOUNTAIN RD.

City HIGHLANDS State NC Zip Code 28741-7367

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 ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127468

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 254 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VERN JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 30 VIA SIENA PLACE
VJENNINGS2010@AOL.COM

City HENDERSON State NV Zip Code 89011-2219

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

Name of Employer JENNINGS MANAGEMENT CONSULTING, LLC Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.118925

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. VERN JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 30 VIA SIENA PLACE
VJENNINGS2010@AOL.COM

City HENDERSON State NV Zip Code 89011-2219

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

Name of Employer JENNINGS MANAGEMENT CONSULTING, LLC Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.118943

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. JEFFREY JEROME
Full Name (Last, First, Middle Initial)

Mailing Address 102 N RIDGEWOOD PL
JEFFSOUTHWEST@MSN.COM

City LOS ANGELES State CA Zip Code 90004-4003

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

Name of Employer SOUTHWEST PROCESSORS INC. Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.118955

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 255 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRADLEY JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9913 KINGSBRIDGE ROAD
 City RICHMOND State VA Zip Code 23238-5713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED SPORTING COMPANIES Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128150
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JAMES JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 CHATHAM SQUARE OFFICE PARK
 BILL@JOHNSONCOMMERCIAL.COM
 City FREDERICKSBURG State VA Zip Code 22405-2589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPS Occupation TRANSPORTATION AND LOGISTICS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118987
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JANE JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 BRENTWOOD
 City CROSSETT State AR Zip Code 71635-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASHLEY COUNTY MEDICAL CENTER Occupation FOOD SERVICE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11.138000
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 256 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JESSE JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 17339 BENDING POST DR

City HOUSTON State TX Zip Code 77095-5069

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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11.105164A

Amount of Each Receipt this Period
 2500.00

Memo Item
 CONTRIBUTION

CHARGED BACK \$2,400.00 ON 08/26/2015

B. JESSE JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 17339 BENDING POST DR

City HOUSTON State TX Zip Code 77095-5069

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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : SA11.105164B

Amount of Each Receipt this Period
 -2400.00

Memo Item
 CONTRIBUTION

CHARGED BACK

C. MALCOLM JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 5517 WOOLDRIDGE ROAD

City CORPUS CHRISTI State TX Zip Code 78413-3838

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

Name of Employer SANBORN'S TRAVEL SERVICE Occupation TRAVEL MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123880

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 350.00 |
| 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 257 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY KAYE JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 21241 SE 40TH STREET
 MSJOHN40@YAHOO.COM
 City SAMMAMISH State WA Zip Code 98075-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED R.N.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.118907
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. STEVE JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4790 CAUGHLIN PARKWAY
 #805
 City RENO State NV Zip Code 89519-0907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDGEWOOD COMPANIES Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123912
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MR. WILLIS J. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4286 SUISUN VALLEY ROAD
 City FAIRFIELD State CA Zip Code 94534-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPART, INC. Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11.100775
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 50500.00 |
| 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 258 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRYAN JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 19175 INDUSTRIAL BLVD.
 SUPERMAT1@AOL.COM
 City ELK RIVER State MN Zip Code 55330-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SMI Occupation BUSINESS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118822
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. MR. CHARLES SNOWDEN JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 BROAD BROOK RD
 City BEDFORD HILLS State NY Zip Code 10507-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEDFORD FUNDING CAPITAL MGT Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.102901
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

C. DAVID JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4519 COGGINS LN
 City ORANGE State TX Zip Code 77630-7599
 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 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128667
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 50500.00 |
| 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 259 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. FRANCIS S. JONES

Mailing Address 1616 WALLOOMSAC RD

City BENNINGTON State VT Zip Code 05201-9756

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 11 / 2015
Transaction ID : SA11.108520

Amount of Each Receipt this Period
 300.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. HARRY JONES JR.

Mailing Address 475 BROWN SADDLE ST

City HOUSTON State TX Zip Code 77057-1411

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

Name of Employer NA Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 10 / 14 / 2015
Transaction ID : SA11.111027

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KEVIN JONES

Mailing Address 729 WEST SAND RAKE DRIVE

City ORO VALLEY State AZ Zip Code 85755-6845

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

Name of Employer SAMSUNG Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 07 / 03 / 2015
Transaction ID : SA11.100140

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 260 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LISA A. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 21320 OLDGATE CIR

City OMAHA State NE Zip Code 68022-2014

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

Name of Employer TENASKA INC Occupation SENIOR DIRECTOR, CORPORATE AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015

Transaction ID : SA11.137051

Amount of Each Receipt this Period
 1500.00

Memo Item
CONTRIBUTION

B. PETER JONES
Full Name (Last, First, Middle Initial)

Mailing Address 3 WATERWAY COURT 7A

City THE WOODLANDS State TX Zip Code 77380-2685

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

Name of Employer P.E.M. TOOLING INC. Occupation V.PRESIDENT MFG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : SA11.123892

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. PETER JONES
Full Name (Last, First, Middle Initial)

Mailing Address 3 WATERWAY COURT 7A

City THE WOODLANDS State TX Zip Code 77380-2685

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

Name of Employer P.E.M. TOOLING INC. Occupation V.PRESIDENT MFG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11.123893

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 261 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS C. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4831 SW PARKGATE BLVD
 City PALM CITY State FL Zip Code 34990-
 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 ▼ 0.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.111488
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JOSEPH JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4102 CAMP PHILIPS RD
 City SCHOFIELD State WI Zip Code 54476-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAUSAU SUPPLY CO Occupation MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11.124766
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MARY C. JOVANOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10303 GLADEVIEW DR
 City INDIANAPOLIS State IN Zip Code 46239-8603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARLES SCHWAB Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137390
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 262 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PATRICK KABRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 9525
 City JACKSON State WY Zip Code 83002-9525
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129563
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MELVIN KAFTAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 29100 NORTHWESTERN HWY
 City SOUTHFIELD State MI Zip Code 48034-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAFTAN ENTERPRISES Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11.100272
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

C. JOHN P. KAITES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3828 E PALO VERDE LN
 City PHOENIX State AZ Zip Code 85028-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIDENOUR, HIENTON Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.107940
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3050.00 |
| 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 263 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOSEPH KAKATY
 Full Name (Last, First, Middle Initial)
 Mailing Address 268 BROADWAY
 City SARATOGA SPRINGS State NY Zip Code 12866-4256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CRTV Occupation MANAGEMENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 03 / 2015
Transaction ID : SA11.102697
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. HEIDI KARGMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 N. BURLJNG ST. SKIERHEIDI@AOL.COM
 City CHICAGO State IL Zip Code 60614-3711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118966
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WILLIAM KASSLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 GULF SHORE BLVD NORTH 5N
 City NAPLES State FL Zip Code 34103-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119053
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 264 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 MATHIESON DR.
 JAMES_KAUFMAN@ML.COM
 City ATLANTA State GA Zip Code 30305-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118840
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. MICHAEL KAUZLARICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 RIDGEVIEW MEADOWS DRIVE
 City JOHNSON CITY State TN Zip Code 37615-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNTAIN REGION FAMILY MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : SA11.102561
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. MICHAEL KAUZLARICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 RIDGEVIEW MEADOWS DRIVE
 City JOHNSON CITY State TN Zip Code 37615-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNTAIN REGION FAMILY MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.103064
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 265 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL KAUZLARICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 RIDGEVIEW MEADOWS DRIVE
 City JOHNSON CITY State TN Zip Code 37615-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNTAIN REGION FAMILY MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.106625
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. RICHARD KAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 AVE OF THE STARS, 3RD FL
 City LOS ANGELES State CA Zip Code 90067-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KAYNE ANDERSON CAPITAL ADVISORS, L.P. Occupation FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 20 / 2015**
Transaction ID : SA11.104346
 Amount of Each Receipt this Period **2700.00**
 Memo Item
CONTRIBUTION

C. CONSTANCE KAYSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7111 MINDER RD
 City ROCHESTER State IL Zip Code 62563-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : SA11.127695
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3200.00 |
| 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 266 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. LEE KEARNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7611 SE EVERGREEN HWY
 City VANCOUVER State WA Zip Code 98664-1721
 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 ▼ 0.00

Date of Receipt 10 / 15 / 2015
Transaction ID : SA11.110978
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

B. CRAIG KEEBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4360 92ND AVE SE
 CRAIGKEEBLER@YAHOO.COM
 City MERCER ISLAND State WA Zip Code 98040-4215
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118848
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT KEELER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18120 SOUTHERN CROSS LN
 City BEAVERDAM State VA Zip Code 23015-1446
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135148
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 267 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. CLAY KEEN

Mailing Address P O BOX 573

City TYRONE State NM Zip Code 88065-0573

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123926

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JACK KEEN

Mailing Address 3221 MANN DRIVE

City SILVER CITY State NM Zip Code 88061-5945

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

Name of Employer WNM COMMUNICATIONS Occupation TEL. CO. CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.106975

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. VICKI KEEN

Mailing Address 481 N STRATA VIA WAY

City BOISE State ID Zip Code 83712-6730

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.131006

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 268 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRUCE KEHR M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 5920 HUBBARD DRIVE
City ROCKVILLE State MD Zip Code 20852-4823
FEC ID number of contributing federal political committee. **C**
Name of Employer POTOMAC PSYCHIATRY Occupation PSYCHIATRIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11.111046
Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

B. DAVID KELLEY
Full Name (Last, First, Middle Initial)
Mailing Address 5893 GREEN OAKS DR.
City GREENWOOD VILLAGE State CO Zip Code 80121-1338
FEC ID number of contributing federal political committee. **C**
Name of Employer FRONTIER AIRLINES Occupation AIRLINE PILOT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123927
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. ROBERT KELLER
Full Name (Last, First, Middle Initial)
Mailing Address 2443 N DEER VALLEY DR.
BOBKELLER38@GMAIL.COM
City MIDLAND State MI Zip Code 48642-8884
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 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.119057
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 3250.00
TOTAL This Period (last page this line number only).....

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

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|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 269 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN KELSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 CASTLE BROOKE ROAD
 City WEST HARRISON State NY Zip Code 10604-1523
 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 ▼ 0.00

Date of Receipt 09 / 06 / 2015
Transaction ID : SA11.105618
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. HUGH KENDRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11342 MAINSAIL LANE
 H.KENDRICK@COMCAST.NET
 City ANACORTES State WA Zip Code 98221-8514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAIC Occupation RETIRED EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119076
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. RAYMOND KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3503 QUEBEC STREET, NW
 City WASHINGTON State DC Zip Code 20016-3129
 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 ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.102849
 Amount of Each Receipt this Period 2500.00
 Memo Item
CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 3250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 270 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHRISTOPHER KENT
Full Name (Last, First, Middle Initial)

Mailing Address 166 RIVERSIDE DRIVE

City ORMOND BEACH State FL Zip Code 32176-6502

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

Name of Employer ADVENTIST HOSPITAL SYSTEM Occupation NEUROSURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123847

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. JENNIFER KENT
Full Name (Last, First, Middle Initial)

Mailing Address 19760 BRAMPTON CT.

City BROOKFIELD State WI Zip Code 53045-3783

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

Name of Employer QUAD/GRAPHICS, INC Occupation EVP OF ADMINISTRATION AND GENERAL C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.107269

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. HARVEY G. KESSLER
Full Name (Last, First, Middle Initial)

Mailing Address 12 BERKSHIRE CT

City TROY State MO Zip Code 63379-4018

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 02 / 2015
Transaction ID : SA11.111227

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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 271 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WALTER KETCHINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5352 RED CREEK ROAD
 City LONG BEACH State MS Zip Code 39560-9711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.123918
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. REBECCA KEVOIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10897 EAST 75TH STREET
 City INDIANAPOLIS State IN Zip Code 46236-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation MUSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.124064
 Amount of Each Receipt this Period **2500.00**
 Memo Item
CONTRIBUTION

C. THOMAS KIDDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6910L ELMSTONE DRIVE
 City CHARLOTTE State NC Zip Code 28277-0180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation PHYSICIAN, RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135182
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 272 OF 1266 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEN KILGORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 GRANDVIEW LN
 City VAN BUREN State AR Zip Code 72956-2068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A-Z STORES Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.124001
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MANLEY KILGORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12904 BAY PLANTATION DRIVE
 City JACKSONVILLE State FL Zip Code 32223-0784
 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 ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123881
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. LINDA KIMBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 CAMINO REAL W
 JANDLKIMBELL@VERIZON.NET
 City WYLIE State TX Zip Code 75098-8292
 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 ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.119110
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 273 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOAN KIMMELMAN
Full Name (Last, First, Middle Initial)

Mailing Address 112 FAIRFIELD DRIVE

City State Zip Code
SHORT HILLS NJ 07078-1715

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 ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SA11.102804

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. WILLIAM KIMMINS
Full Name (Last, First, Middle Initial)

Mailing Address 16 COUNTRY CLUB WOODS DR.

City State Zip Code
SAINT CHARLES MO 63303-3300

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

Name of Employer Occupation
ANHEUSER-BUSCH RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SA11.123919

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SCOTT KINCAID
Full Name (Last, First, Middle Initial)

Mailing Address 3935 N BRIARCLIFF ROAD

City State Zip Code
KANSAS CITY MO 64116-1767

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SA11.123909

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 274 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DOUGLAS B. KING
Full Name (Last, First, Middle Initial)

Mailing Address 5678 E FALL CREEK PKWY N DR

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| INDIANAPOLIS | IN | 46226-1000 |

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

| | |
|-------------------|------------|
| Name of Employer | Occupation |
| WOODEN MCLAUGHLIN | LAWYER |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 01 | / | 2015 |

Transaction ID : SA11.109785

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

B. DALE KINGMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3215 84TH AVE SE

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| MERCER ISLAND | WA | 98040-3017 |

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| GORDON TILDEN ET AL | ATTORNEY |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 06 | / | 2015 |

Transaction ID : SA11.135194

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

C. PAUL S. KINGSBURY
Full Name (Last, First, Middle Initial)

Mailing Address 27208 N AGUA VERDE DR

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| RIO VERDE | AZ | 85263-5089 |

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

| | |
|------------------------------------|------------------------------------|
| Name of Employer | Occupation |
| INFORMATION REQUESTED PER BEST EFF | INFORMATION REQUESTED PER BEST EFF |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 12 | / | 2015 |

Transaction ID : SA11.108452

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 275 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. KEN KINSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3355 LAFAYETTE DRIVE
 City BOULDER State CO Zip Code 80305-7116
 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 **0.00**

Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11.110063
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

B. JANE E. KIRKPATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 NC HIGHWAY 150 W
 City GREENSBORO State NC Zip Code 27455-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : SA11.137458
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. WILLIAM KLAWONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 NORTH ADAMS STREET 728
 City ARLINGTON State VA Zip Code 22201-3747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABA Occupation REG. DIRECTOR ABA RULE OF LAW INITIAT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 11 / 2015**
Transaction ID : SA11.118864
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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 276 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES KNAPP
Full Name (Last, First, Middle Initial)

Mailing Address 7450 ROSSMORE CT.
JUDGEKNAPP@MSN.COM

City DAYTON State OH Zip Code 45459-4213

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

Name of Employer RETIRED ADMINISTRATIVE LAW JUDGE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119055

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

B. MARY-CATHRYN KOLB
Full Name (Last, First, Middle Initial)

Mailing Address 396 VALLEY BROOK DR

City ATLANTA State GA Zip Code 30342-3302

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

Name of Employer SELF Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137583

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. VINCENT A. KOLBER
Full Name (Last, First, Middle Initial)

Mailing Address 70 W MADISON ST
SUITE 2340

City CHICAGO State IL Zip Code 60602-4919

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

Name of Employer RESIDCO Occupation CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.110148

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| 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 277 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RANDALL R. KOORSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 N ARLINGTON AVE
 City INDIANAPOLIS State IN Zip Code 46218-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KOORSEN FIRE & SECURITY Occupation BUSINESS EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.100486
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MIKE KOPRIVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 CRESCENT CREEK CIRCLE
 City LAS CRUCES State NM Zip Code 88011-4005
 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 ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103830
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RICHARD KORPAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 31483 MORNING STAR DR.
 RKORPAN@ME.COM
 City EVERGREEN State CO Zip Code 80439-7969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.118950
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 278 OF 1266 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PIERCE KOSLOSKY JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12908 BINNEY STREET
 AUTOGRAPHK@AOL.COM
 City OMAHA State NE Zip Code 68164-4246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAGNOLIA METAL CORPORATION Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.118839
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

B. JAMES KOSMISKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 13854 ASHGROVE CIR.
 City PARKER State CO Zip Code 80134-3931
 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 **0.00**

Date of Receipt **08 / 11 / 2015**
Transaction ID : SA11.131353
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. CAROLYN KOTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 885 PARK AVENUE
 City NEW YORK State NY Zip Code 10075-0325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PROPERTY MANAGEMENT AND FOOD BLO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 09 / 2015**
Transaction ID : SA11.132333
 Amount of Each Receipt this Period **300.00**
 Memo Item
 CONTRIBUTION

| | |
|---|---------------|
| 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: (check only one) | PAGE 279 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WENDE LYNNE KOTOUC
 Full Name (Last, First, Middle Initial)
 Mailing Address 8308 HICKORY ST
 City OMAHA State NE Zip Code 68124-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN NATIONAL BANK Occupation BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.137049
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

B. MARK KOVAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4425 BORDEAUX AVE
 City DALLAS State TX Zip Code 75205-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAIN & COMPANY Occupation PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123884
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. JAMES I. KOZEN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 130429
 City CARLSBAD State CA Zip Code 92013-0429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11.105586
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10750.00 |
| 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 280 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MANUS KRAFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 3115 N HARLEM
 City CHICAGO State IL Zip Code 60634-4684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.124046
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. KENNETH KRAUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6550 CREWS LAKE HILLS LOOP E
 City LAKELAND State FL Zip Code 33813-3857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 19 / 2015
Transaction ID : SA11.128174
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. KRISTINE KRAUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8180 NORTH GRAY LOG LANE
 City FOX POINT State WI Zip Code 53217-2860
 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 ▼ 0.00

Date of Receipt
 09 / 10 / 2015
Transaction ID : SA11.105917
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3750.00 |
| 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 281 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. MATTHEW KREMER

Mailing Address 4909 MURPHY CANYON ROAD

City State Zip Code
 SAN DIEGO CA 92123-4349

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

Name of Employer Occupation
 SELF ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.106698

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JOHN KRYSAK

Mailing Address 4141 INDUSTRIAL PARK DR.

City State Zip Code
 NORCROSS GA 30071-1654

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

Name of Employer Occupation
 SELF EMPLOY TRUCK DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 09 / 19 / 2015
Transaction ID : SA11.128177

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. STANLEY KUECKER

Mailing Address 801 WEST MARKEY ROAD

City State Zip Code
 BELTON MO 64012-1709

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

Name of Employer Occupation
 KUECKER LOGISTICS GROUP INC. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.124013

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

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 282 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. DAVID KUHN

Mailing Address 9001 LAMAR AVENUE

City ODESSA State TX Zip Code 79765-1420

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

Name of Employer NONE Occupation DISABLED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 12 / 2015
Transaction ID : SA11.103826

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. THERESA FRANKLIN KUHN

Mailing Address 3001 GLENEAGLES COURT

City SAINT CHARLES State IL Zip Code 60174-8832

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.124057

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 713 GREAT EGRET WAY
KULIK3@AOL.COM

City PONTE VEDRA BEACH State FL Zip Code 32082-7226

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.118960

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| 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 283 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEN KUMMER
Full Name (Last, First, Middle Initial)

Mailing Address 27281 LAKEWAY CT.

| | | |
|------------------------|-------------|------------------------|
| City BONITA SPRINGS | State FL | Zip Code 34134-8701 |
|------------------------|-------------|------------------------|

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

| | |
|---------------------------------------|--------------------|
| Name of Employer ABRASIVE FORM INC | Occupation MFG. |
|---------------------------------------|--------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.128179

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ROBERT LABRASH
Full Name (Last, First, Middle Initial)

Mailing Address 2590 COHANSEY ST.

| | | |
|-------------------|-------------|------------------------|
| City ROSEVILLE | State MN | Zip Code 55113-3512 |
|-------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.133154

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. DAVID LACEY
Full Name (Last, First, Middle Initial)

Mailing Address 416 ARDATH DR.
DLLACEY52@EARTHLINK.NET

| | | |
|-----------------|-------------|------------------------|
| City CAMBRIA | State CA | Zip Code 93428-5524 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|--------------------------|
| Name of Employer SELF | Occupation CONSULTANT |
|--------------------------|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.119041

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 284 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID LACEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 ARDATH DR.
 DLLACEY52@EARTHLINK.NET
 City CAMBRIA State CA Zip Code 93428-5524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128182
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MR. THOMAS LACO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8606 CYPRESS LAKES DRIVE
 City RALEIGH State NC Zip Code 27615-2116
 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 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.107047
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

C. STEVEN LADIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7326 LAKEWOOD BLVD
 City DALLAS State TX Zip Code 75214-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRAGOMEN, DELREY, BERNSEN & LOEWY Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 07 / 2015
Transaction ID : SA11.100192
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| 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 285 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEVEN LADIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7326 LAKEWOOD BLVD
 City DALLAS State TX Zip Code 75214-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRAGOMEN, DELREY, BERNSEN & LOEWY Occupation ATTORNEY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108067
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. BARBARA LAGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 LIZARD HEAD LANE
 BARB1LAGO@EARTHLINK.NET
 City SEDONA State AZ Zip Code 86336-3025
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.119018
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ANNE LAHAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 SPRING BRANCH DR.
 City VIENNA State VA Zip Code 22181-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLD PEKING CORP Occupation RESTAURANT OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.127846
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 286 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRANCES LAIBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 370
 City DARBY State MT Zip Code 59829-0370
 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 **0.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : SA11.103811
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

B. JOHN LAKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6424 TEVIS DR.
 City BAKERSFIELD State CA Zip Code 93309-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN OILFIELDS SUPPLY COMPANY Occupation V.P. SALES AND MARKETING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 17 / 2015**
Transaction ID : SA11.104176
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. CHARLES LAMB
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 N BACONS CHASE
 City HOPEWELL State VA Zip Code 23860-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELTA AIRPORT Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 17 / 2015**
Transaction ID : SA11.104135
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 287 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD LAMB
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 WOODCHUCK WAY
 LAM29@AOL.COM
 City KENNETT SQUARE State PA Zip Code 19348-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118842
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DONALD F. LAMBERTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 SW GOLFVIEW CIR
 City ANKENY State IA Zip Code 50023-9676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 20 / 2015
Transaction ID : SA11.111065
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

C. STEPHEN LAMBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 FOURNACE PL
 City BELLAIRE State TX Zip Code 77401-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHEVRON Occupation GEOPHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.131360
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3200.00 |
| 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 288 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SHARON LAMBLY
Full Name (Last, First, Middle Initial)

Mailing Address 2910 VALLEY VISTA DR.

City SEDONA State AZ Zip Code 86351-7231

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

Name of Employer HERSHEY Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11.125204

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. AMY LANCASTER
Full Name (Last, First, Middle Initial)

Mailing Address 9271 SADDLEHORN COURT

City PROSPER State TX Zip Code 75078-8827

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.129635

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. GUY J. LANDOLFI
Full Name (Last, First, Middle Initial)

Mailing Address 224 UNION AVE

City ALTOONA State PA Zip Code 16602-3271

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

Name of Employer SELF Occupation C.P.A. , C.F.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.109833

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 289 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN LANGDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 EAST 78TH STREET
 City NEW YORK State NY Zip Code 10075-0533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILDER GAGNON HOWE Occupation STOCK BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106889
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DENNIS LANGWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHARLES ST SOUTH 15G
 City BOSTON State MA Zip Code 02116-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIBERTY MUTUAL Occupation SR. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.123855
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MARY LANZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6355 KALMIA DRIVE
 City ANCHORAGE State AK Zip Code 99507-1289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PAAMG Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.100293
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 290 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROSS LANZAFAME
Full Name (Last, First, Middle Initial)

Mailing Address 70 SCHOOLHOUSE LN

City ROCHESTER State NY Zip Code 14618-3232

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

Name of Employer HARTER SECREST & EMERY LLP Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.123908

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. RICHARD LAREAU
Full Name (Last, First, Middle Initial)

Mailing Address 2301 EAGLES WAY

City PEARLAND State TX Zip Code 77581-5151

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11.128186

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. CHARLES LARIMORE
Full Name (Last, First, Middle Initial)

Mailing Address 85 LOBO ROAD

City EL PRADO State NM Zip Code 87529-5006

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11.103981

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 291 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALERON H. LARSON JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 CASTEEL RIDGE
 BUZZ@BUZZLARSON.COM
 City EDWARDS State CO Zip Code 81632-6240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED EXECUTIVE/LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118867
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ELWIN M. LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1443 N 133RD ST
 City OMAHA State NE Zip Code 68154-5289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.137053
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

C. KEVIN LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5721 N PLACITA STILBAYO
 City TUCSON State AZ Zip Code 85718-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TUCSON ELECTRIC Occupation FINANCIAL MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123879
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 292 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. TERESA L. LASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6883 S. CHAPPARAL CIR W.
 City CENTENNIAL State CO Zip Code 80016-2163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAFOR CORPORATION Occupation SYSTEMS ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11.110897
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DOUGLAS LATHREM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3574 TURNBERRY DR.
 City JAMUL State CA Zip Code 91935-1651
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135290
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. SUSAN LAUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4902 FIRESTONE DR
 City COLLEGE STATION State TX Zip Code 77845-8926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SOCIAL ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.105006
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 293 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. BRUCE R. LAURITZEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 FAIRACRES RD
 City OMAHA State NE Zip Code 68132-1806
 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 ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137204
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. JOHN LAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 KNIGHTS RUN #1403
 City TAMPA State FL Zip Code 33602-5995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAURO LAW FIRM
 Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128189
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. MICHAEL F. LAWLWER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13424 PAUL ST
 City OMAHA State NE Zip Code 68154-5268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENASKA INC
 Occupation EXEC VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 06 / 2015
Transaction ID : SA11.111472
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 8500.00 |
| 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 294 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALLEN LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7033 OWENSMOUTH AVE.
 City CANOGA PARK State CA Zip Code 91303-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLEN LAWRENCE & ASSOCIATES, INC. Occupation INSURANCE BROKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131845
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. HON. CONNIE LAWSON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 327
 City DANVILLE State IN Zip Code 46122-0327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDIANA Occupation SECRETARY OF STATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137387
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. MARILYN LAWSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12178 N REFLECTION RIDGE DR.
 City ORO VALLEY State AZ Zip Code 85755-8731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation FORMER HOMEMAKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129648
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
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 295 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. PHILIP E. LEBHERZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 W. HILLSDALE BLVD.
 City SAN MATEO State CA Zip Code 94402-3768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LISI, INC Occupation FOUNDER AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11.111417
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

B. BRYCE G. LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 BROAD ST
 City NEVADA CITY State CA Zip Code 95959-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MINE SHAFT Occupation MERCHANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 19 / 2015
Transaction ID : SA11.111089
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. KATHLEEN F. LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 945 E CAMERON
 City INDIANAPOLIS State IN Zip Code 46203-5120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IVY TECH COMMUNITY COLLEGE Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137397
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 26250.00 |
| 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 296 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TED LEGASEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 343 SURFSONG RD
 City KIAWAH ISLAND State SC Zip Code 29455-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SRA INTERNATIONAL, INC. Occupation RETIRED EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135308
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

B. BLAINE LEIPOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3405 CLOVER STREET
 City PITTSFORD State NY Zip Code 14534-9724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE LEIPOLD GROUP, LLC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135314
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. KAREN LEMME
 Full Name (Last, First, Middle Initial)
 Mailing Address 20986 SWANSWAY LEMMEDK@COMCAST.NET
 City DEER PARK State IL Zip Code 60010-7215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 09 / 2015**
Transaction ID : SA11.119045
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 297 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL LEROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 KENSINGTON DR.
 City ALGONQUIN State IL Zip Code 60102-5103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.135321
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MICHAEL LEROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 KENSINGTON DR.
 City ALGONQUIN State IL Zip Code 60102-5103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.135322
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. DAVID LEVEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 WHITE CEDAR LN
 City DELRAY BEACH State FL Zip Code 33445-7036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEW YORK LIFE INS CO Occupation FINANCIAL ADVISER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128701
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 298 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY LEVINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 SINGING HILLS RD
 City PARKER State CO Zip Code 80138-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123933
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. EDWARD LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 SHIRLEY ROAD
 City BIRMINGHAM State MI Zip Code 48009-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDW. C. LEVY CO. Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135326
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

C. LEORA LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 PECKSLAND RD
 City GREENWICH State CT Zip Code 06831-3711
 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 ▼ 0.00

Date of Receipt 07 / 22 / 2015
Transaction ID : SA11.100596
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 299 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LEORA LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 PECKSLAND RD
 City GREENWICH State CT Zip Code 06831-3711
 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 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103613
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. BENNETT LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1540 TIPPICANOE COURT
 City MELBOURNE State FL Zip Code 32940-6860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ARMY Occupation RETIREE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.132352
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MALVENE LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1540 TIPPICANOE COURT
 City MELBOURNE State FL Zip Code 32940-6860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123839
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 300 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TERRY LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 40158 98TH STREET WEST
 BRONCOATLV@ATT.NET
 City LEONA VALLEY State CA Zip Code 93551-7316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LA COUNTY SHERIFF Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : SA11.118938
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. FRITZ & LYNN LIEPERTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 4091 GREENVIEW DR.
 City EL DORADO HILLS State CA Zip Code 95762-7606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORP EXEC Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129668
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. SKIP LIESER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15520 51ST AVE NO
 City PLYMOUTH State MN Zip Code 55446-2220
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11.104453
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 301 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN LILLICH
Full Name (Last, First, Middle Initial)

Mailing Address 4411 SW BRANCH TERRACE W
JCLILLICH@COMCAST.NET

City PALM CITY State FL Zip Code 34990-2240

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

Name of Employer DOW CHEMICAL Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.119099

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. HUGGARD LINDA
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. E. 8TH ST

City OKLAHOMA CITY State OK Zip Code 73104-1809

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

Name of Employer BROADWAY MACHINE Occupation OWNER, SMALL BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.107232

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. LINDA LINGLE
Full Name (Last, First, Middle Initial)

Mailing Address 201 E ADAMS ST, APT 3A

City SPRINGFIELD State IL Zip Code 62701-1110

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

Name of Employer STATE OF ILLINOIS Occupation CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
07 / 23 / 2015
Transaction ID : SA11.125417

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 302 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4949 GENESTA AVENUE
204

City ENCINO State CA Zip Code 91316-3401

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

Name of Employer R & S OIL COMPANY Occupation ENERGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SA11.123901

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. JEFF LITOW
Full Name (Last, First, Middle Initial)

Mailing Address 5700 SEA VIEW DR.

City MALIBU State CA Zip Code 90265-3762

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

Name of Employer RETIRED Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SA11.135349

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. ERNEST LITTY, JR.
Full Name (Last, First, Middle Initial)

Mailing Address 200 NEPTUNE WAY

City STEVENSVILLE State MD Zip Code 21666-3063

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

Name of Employer SELF Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SA11.123859

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 303 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ERNEST LITTY JR.
Full Name (Last, First, Middle Initial)

Mailing Address 200 NEPTUNE WAY

City STEVENSVILLE State MD Zip Code 21666-3063

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

Name of Employer SELF Occupation LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11.124383

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. MRS. ANN M. LIVERMORE
Full Name (Last, First, Middle Initial)

Mailing Address 285 WOODSIDE DRIVE

City WOODSIDE State CA Zip Code 94062-2353

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

Name of Employer H-P ENTERPRISE Occupation BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 28 / 2015
Transaction ID : SA11.137733

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

C. WILLIAM LOFGREN
Full Name (Last, First, Middle Initial)

Mailing Address 1318 N. ILLINOIS ST

City ARLINGTON State VA Zip Code 22205-2733

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123920

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 304 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRED LOHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3642 W. CORAL BELLS CT.

City TUCSON State AZ Zip Code 85745-5225

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 ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123862

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. STEVEN E LOHR
Full Name (Last, First, Middle Initial)

Mailing Address 1100 S 9TH ST

City ST LOUIS State MO Zip Code 63104-3511

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

Name of Employer ME Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123913

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. SANDRA LOHRMANN
Full Name (Last, First, Middle Initial)

Mailing Address 2895 CAMBRIDGE RD

City CAMERON PARK State CA Zip Code 95682-9188

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

Name of Employer PACIFIC BELL Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.139349

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

REFUNDED \$5,000.00 ON 08/31/2015

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 305 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BERNARD LONG
Full Name (Last, First, Middle Initial)

Mailing Address 26651 ROOKERY LAKE DRIVE

| | | |
|------------------------|-------------|------------------------|
| City BONITA SPRINGS | State FL | Zip Code 34134-5645 |
|------------------------|-------------|------------------------|

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

| | |
|--------------------------|------------------------|
| Name of Employer SELF | Occupation ATTORNEY |
|--------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 19 | | 2015 |

Transaction ID : SA11.128200

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

 Memo Item
CONTRIBUTION

B. BERNARD LONG
Full Name (Last, First, Middle Initial)

Mailing Address 26651 ROOKERY LAKE DRIVE

| | | |
|------------------------|-------------|------------------------|
| City BONITA SPRINGS | State FL | Zip Code 34134-5645 |
|------------------------|-------------|------------------------|

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

| | |
|--------------------------|------------------------|
| Name of Employer SELF | Occupation ATTORNEY |
|--------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 07 | | 2015 |

Transaction ID : SA11.135365

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

C. RUTH E LONG
Full Name (Last, First, Middle Initial)

Mailing Address 157 S. MARION

| | | |
|-------------------|-------------|------------------------|
| City GOLDSBORO | State NC | Zip Code 27534-7610 |
|-------------------|-------------|------------------------|

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

| | |
|------------------------------|-------------------------|
| Name of Employer SBI, LLC | Occupation EXECUTIVE |
|------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 17 | | 2015 |

Transaction ID : SA11.123981

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 306 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LAURINE J. LONGSON
Full Name (Last, First, Middle Initial)

Mailing Address 1345 SOARING HEIGHTS DR

City DAYTON State OH Zip Code 45440-4333

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 27 / 2015
Transaction ID : SA11.104578

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

B. JOSEPH LOUGHRAN
Full Name (Last, First, Middle Initial)

Mailing Address 6112 SHEAFF LANE

City FORT WASHINGTON State PA Zip Code 19034-1817

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.130414

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ROSE ANN LOVELL
Full Name (Last, First, Middle Initial)

Mailing Address 840 NE 20TH AVENUE
RALOVELL@LOVELLINC.COM

City FORT LAUDERDALE State FL Zip Code 33304-3036

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

Name of Employer LOVELL BUILT, INC. Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118880

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|--------|
| 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: (check only one) | PAGE 307 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD LOWRANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 CLIFTON ROAD, N. E.
 HARDEE_1@BELLSOUTH.NET
 City ATLANTA State GA Zip Code 30307-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NONE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118933
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. RICHARD H. LOWRANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 CLIFTON ROAD, NE
 City ATLANTA State GA Zip Code 30307-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NONE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135380
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. HELEN LOYLESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 WOODCLIFFE TERRACE NE
 ATLANTA
 City ATLANTA State GA Zip Code 30324-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ACTINB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.118914
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 308 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TERESA S. LUBBERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5425 N NEW JERSEY ST
 City INDIANAPOLIS State IN Zip Code 46220-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF INDIANA Occupation INDIANA COMMISSIONER FOR HIGHER EDU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137406
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. LAWRENCE LUGASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 FORDYCE RD.
 City LOS ANGELES State CA Zip Code 90049-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAYTON CAPITAL Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129683
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MURRAY LUGASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S LAYTON DR. M@MAXONLIFT.COM
 City LOS ANGELES State CA Zip Code 90049-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119005
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 309 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN LUNDELIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 6TH AVE
 City FORT WORTH State TX Zip Code 76110-1804
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.111095
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DAVID R LUNDQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 KIHAPAI STREET
 City KAILUA State HI Zip Code 96734-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HH HOLDINGS INC
 Occupation EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2015
Transaction ID : SA11.100725
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DAVID R LUNDQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 KIHAPAI STREET
 City KAILUA State HI Zip Code 96734-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HH HOLDINGS INC
 Occupation EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : SA11.102598
 Amount of Each Receipt this Period
 4500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5250.00 |
| 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 310 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID R LUNDQUIST
Full Name (Last, First, Middle Initial)

Mailing Address 41-980 KAKAINA STREET

City WAIMANALO State HI Zip Code 96795-1107

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

Name of Employer Occupation
HH HOLDINGS INC EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 20 / 2015
Transaction ID : SA11.107548

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. TOM LYNNER
Full Name (Last, First, Middle Initial)

Mailing Address 3615 BLUESTEM ROAD

City NORWALK State IA Zip Code 50211-9687

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

Name of Employer Occupation
SELF REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.106916

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. BRUCE MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 2727 PACES FERRY ROAD

City ATLANTA State GA Zip Code 30339-4053

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

Name of Employer Occupation
MACGREGOR ASSOCIATES ARCHITECTS ARCHITECT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.103293

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 311 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LARK MACPHAIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12403 HUNTERS GLEN
 City OWINGS MILLS State MD Zip Code 21117-1040
 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 ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.128205
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. CARY M. MAGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 BERKSHIRE LN STE 1500
 City DALLAS State TX Zip Code 75225-5843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAGUIRE OIL COMPANY
 Occupation EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11.109058
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. CHRISTOPHER MAHONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 BORING BRIDGE
 City LEWISBERRY State PA Zip Code 17339-8864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE
 Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.129696
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 312 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL MALCOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 ORANGE AVENUE
 City State Zip Code
 LOS ALTOS CA 94022-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KALEIDESCAPE, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.128207
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. KEVIN MALLOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 EAST SHARON RD.
 City State Zip Code
 GLENDALE OH 45246-4454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BLUE ASH THERAPEUTICS, LLC CHIEF OPERATING OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129700
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. CULLEN V. MANCUSO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3480
 City State Zip Code
 BRYAN TX 77805-3480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11.110172
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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 313 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. DAVID MANN

Mailing Address 2653 STRAWBRIDGE PLACE

City State Zip Code
 OWENSBORO KY 42303-1552

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

Name of Employer Occupation
 SELF AUDIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **0.00**

Date of Receipt
 09 / 22 / 2015
Transaction ID : SA11.123853

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PAUL MANNER

Mailing Address 2222 78TH AVENUE SE

City State Zip Code
 MERCER ISLAND WA 98040-2125

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

Name of Employer Occupation
 UNIVERSITY OF WASHINGTON PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **0.00**

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.124021

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. TOM MARKS

Mailing Address 2700 RAINTREE PL

City State Zip Code
 MODESTO CA 95355-4647

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

Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **0.00**

Date of Receipt
 10 / 03 / 2015
Transaction ID : SA11.111129

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1000.00**

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 314 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GEORGE MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 S LILHAVEN LN
 TOMLMSP@Q.COM
 City LITTLETON State CO Zip Code 80123-7939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOCKHEED MARTIN Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.119102
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 CONTRIBUTION

B. JAMES MARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6104 E. LAUREL LANE
 JAMES_MARTEN@ML.COM
 City SCOTTSDALE State AZ Zip Code 85254-4919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 14 / 2015**
Transaction ID : SA11.119056
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

C. MR. EDWARD S. MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 WOODBERRY ROAD
 City NEW KENSINGTON State PA Zip Code 15068-5308
 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 **0.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : SA11.109641
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 315 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TOM MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 107 BROOK MEADOW DRIVE

City MECHANICSBURG State PA Zip Code 17050-3135

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

Name of Employer MARTIN COMMUNICATIONS, INC. Occupation ADVERTISING EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128213

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. ANDREW S. MARTZLOFF
Full Name (Last, First, Middle Initial)

Mailing Address 241 WINTERGREEN LN

City BOZEMAN State MT Zip Code 59715-7802

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

Name of Employer BCA LLC Occupation ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11.137519

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. MATTHEW MASERATI
Full Name (Last, First, Middle Initial)

Mailing Address 131 STONEHEDGE RD

City HOLLIDAYSBURG State PA Zip Code 16648-9767

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

Name of Employer ALLEGHENY BRAIN AND SPINE SURGEONS Occupation SURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.103296

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 316 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD MASLOW
Full Name (Last, First, Middle Initial)

Mailing Address 30 7TH AVENUE SOUTH
HGC642@AOL.COM

City NAPLES State FL Zip Code 34102-6855

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 08 / 2015
Transaction ID : SA11.118991

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. CATHERINE MASSEY
Full Name (Last, First, Middle Initial)

Mailing Address 3132 WOODWALK TRACE
CEMASSEY718@YAHOO.COM

City ATLANTA State GA Zip Code 30339-8474

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

Name of Employer LAWDOCSXPRESS, INC. Occupation CEO AND OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 17 / 2015
Transaction ID : SA11.118981

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. STEPHEN MATHEWS
Full Name (Last, First, Middle Initial)

Mailing Address 5 NORTHUMBERLAND
SSMATHEWS@COMCAST.NET

City NASHVILLE State TN Zip Code 37215-4122

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

Name of Employer SELF-EMPLOYED Occupation SELF=EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.123910

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 317 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHY SULLIVAN MATLESKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 BUTTERNUT LN
 City BASKING RIDGE State NJ Zip Code 07920-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer QLT CONSUMER LEASE SERVICES Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 07 / 26 / 2015
Transaction ID : SA11.124919
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. LARRY MATTESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10828 MEMORIAL PARK ROAD
 MMATTE105@AOL.COM
 City BURLINGTON State IA Zip Code 52601-8616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119104
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. PAUL MATTEUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 LOS PRADOS DE GUADALUPENW
 City ALBUQUERQUE State NM Zip Code 87107-6619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED ATTORNEY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.124007
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 318 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3863 ISLA DEL SOL
 City NAPLES State FL Zip Code 34114-9484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USSI Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124020
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. JEFFREY MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 6TH AVENUE NORTH
 City NAPLES State FL Zip Code 34102-5506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LJM INC. Occupation INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123995
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ROSANNE MATZAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 WARREN STREET APT 68
 City NEW YORK State NY Zip Code 10007-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHN & HESSEN LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135481
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 319 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. NINA MAY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 8235
 City MCLEAN State VA Zip Code 22106-8235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation WRITER/PRODUCER/DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11.123971
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

B. SCOTT MAYNARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 TOWER RD
 City OTTSVILLE State PA Zip Code 18942-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.129723
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. CHARLES MC DONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12445 WEDGEWOOD PL NW
 City MINNEAPOLIS State MN Zip Code 55433-6776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135516
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 320 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAT MC DONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 HAVEMEYER LANE
 UNIT 14
 City STAMFORD State CT Zip Code 06902-2157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128222
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SUSANN MC DONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 COVENANTER DR.
 City BLOOMINGTON State IN Zip Code 47401-6133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDIANA UNIVERSITY JSOM Occupation PROFESSOR OF MUSIC
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128223
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. NEIL MC GEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24003 BOTHELL EVERETT HWY STE 100
 City BOTHELL State WA Zip Code 98021-9342
 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 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.104157
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 321 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RONALD MCABEE
Full Name (Last, First, Middle Initial)

Mailing Address 601 CLAYBORNE COURT
R.RMCABEE@YAHOO.COM

City NASHVILLE State TN Zip Code 37215-3249

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.119105

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. CHARLES MCADAM
Full Name (Last, First, Middle Initial)

Mailing Address 8074 E WHISTLING WIND WAY

City SCOTTSDALE State AZ Zip Code 85255-6480

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 ▼ 0.00

Date of Receipt
09 / 22 / 2015
Transaction ID : SA11.107974

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. MRS. DEBRA L. MCBETH
Full Name (Last, First, Middle Initial)

Mailing Address 1123 FRESHWATER ROAD

City EUREKA State CA Zip Code 95503-9558

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
10 / 01 / 2015
Transaction ID : SA11.110695

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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 322 OF 1266 (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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JONATHAN MCCAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 258 GOLDEN GATE PT, 501
 City SARASOTA State FL Zip Code 34236-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AQUA280. Occupation PRIVATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.107456
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. FREDERICK MCCARTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 BASTILLE CT
 JMMCCARTHY_51@SBCGLOBAL.NET
 City MCKINNEY State TX Zip Code 75070-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119082
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. PETER MCCARTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4181 NICOLET DRIVE
 City GREEN BAY State WI Zip Code 54311-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREEN BAY MSD Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.106021
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 323 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRUCE MCCLAREN
Full Name (Last, First, Middle Initial)

Mailing Address SUITE 208
201 E OGDEN AVE

City HINSDALE State IL Zip Code 60521-3680

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

Name of Employer PCRM, INC Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129732

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ROY MCCLURG
Full Name (Last, First, Middle Initial)

Mailing Address 5930 BENT TRAIL

City DALLAS State TX Zip Code 75248-2720

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

Name of Employer SELF Occupation EXECUTIVE PRODUCER/MUSIC LABEL CO-

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 08 / 2015
Transaction ID : SA11.133236

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. STEVE MCCONDICHIE
Full Name (Last, First, Middle Initial)

Mailing Address 141 GREENVILLE ST

City NEWNAN State GA Zip Code 30263-2630

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

Name of Employer MPM ONC Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
12 / 14 / 2015
Transaction ID : SA11.137581

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 324 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARSHA MCCORMICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PREMIUM POINT ROAD
 MARSHA.MCCORMICK@VERIZON.NET
 City NEW ROCHELLE State NY Zip Code 10801-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.119001
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MARGARET A. MCCORMICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11905 E 500 S
 City ZIONSVILLE State IN Zip Code 46077-8720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.137405
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. PHIL MCCORMAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 E MEADOWBROOK AVE
 132
 City PHOENIX State AZ Zip Code 85016-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COE & VAN LOO Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.119070
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 325 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JEANANN MCCOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1973 CHERYL COURT
 City LAKE OSWEGO State OR Zip Code 97034-7595
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.131032
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. JAMES MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 LILLIANS WAY
 City MADISON State AL Zip Code 35758-3009
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11.109224
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PAUL MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1334 JACOBSEN BLVD.
 PSMCCULLOUGH@MAC.COM
 City BREMERTON State WA Zip Code 98310-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF RETIRED SURGEON
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2015
Transaction ID : SA11.119083
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 326 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALONZO L. MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 N OLD WOODWARD AVE
 STE 212
 City BIRMINGHAM State MI Zip Code 48009-5314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETRIED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109552
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. ROBERT L. MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 HIDDEN CREST DR
 City EL CAJON State CA Zip Code 92019-3655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.107081
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. JAY MCELROY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 25
 City APISON State TN Zip Code 37302-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCELROY TRUCK LINES Occupation MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 26 / 2015
Transaction ID : SA11.104524
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| 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 327 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEVIN MCELYEA
 Full Name (Last, First, Middle Initial)
 Mailing Address 33400 COLD WATER RD
 City LOUISBURG State KS Zip Code 66053-8100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135521
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GEORGE MCGEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 SAINT ANDREWS
 City HATTIESBURG State MS Zip Code 39401-8213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORREST GENERAL HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.104272
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. LAREE MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 68-337 OLOHIO STREET
 City WAIALUA State HI Zip Code 96791-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ATTY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129750
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 328 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS K. MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 BORDEAUX CT
 City BONNERS FERRY State ID Zip Code 83805-5275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNEMPLOYED Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124058
 Amount of Each Receipt this Period 1200.00
 Memo Item
 CONTRIBUTION

B. TOM MCGURK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 DOUGLASS DR
 City COVINGTON State IN Zip Code 47932-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.108550
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. BEVERLY MCINTOSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 SWAN DR.
 BMCINTOSH@MCINTOSHASSOCIATES.COM
 City COPPELL State TX Zip Code 75019-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCINTOSH & ASSOCIATES Occupation CONSUTANT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.118888
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1950.00 |
| 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 329 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DIANE MCIVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 COREY CENTER
 City ATLANTA State GA Zip Code 30312-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COREY COMPANIES Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127506
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DR. WILLIAM C. MCIVOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 793 SOLANA DRIVE
 City LAFAYETTE State CA Zip Code 94549-5206
 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 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110753
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MICHAEL MCKAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 LURAY AVE UNIT 2N
 City CINCINNATI State OH Zip Code 45206-2887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UBS FINANCIAL SERVICES INC. Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11.123886
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 330 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN W. MCKEE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3310 46TH ST
 City LUBBOCK State TX Zip Code 79413-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 03 / 2015**
Transaction ID : SA11.111165
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. DAVID MCKENNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5026 GREEN PINE DRIVE
 City SANDY SPRINGS State GA Zip Code 30342-2402
 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 **0.00**

Date of Receipt **10 / 07 / 2015**
Transaction ID : SA11.109212
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. JAMES MCKINNON
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 EDGERSTOUNE RD
 City PRINCETON State NJ Zip Code 08540-6713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COTSWOLD INDUSTRIES, INC Occupation TEXTILES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.123870
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 331 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES MCLAUGHLIN
Full Name (Last, First, Middle Initial)
Mailing Address 2230 GREENCASTLE LANE
City OXNARD State CA Zip Code 93035-2970
FEC ID number of contributing federal political committee. **C**
Name of Employer ASPEN HELICOPTERS, INC. Occupation PILOT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129754
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. KAREN MCLAUGHLIN
Full Name (Last, First, Middle Initial)
Mailing Address 14810 SOBEY ROAD
KARENCMCL@YAHOO.COM
City SARATOGA State CA Zip Code 95070-6286
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation NONE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118872
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MICHAEL T. MCLOUGHLIN
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 295
City CASSOPOLIS State MI Zip Code 49031-0295
FEC ID number of contributing federal political committee. **C**
Name of Employer K&M MACHINE FABRICATING, INC. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107947
Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 5500.00
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 332 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. JIM MCMANUS JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation COMM. REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.128736
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. BARON MCMILLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1251 BRIDGEWATER WALK
 City SNELLVILLE State GA Zip Code 30078-2056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRINITY REAL ESTATE RESOURCES Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107898
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. DOUGLAS MCMILLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 SALISHAN DRIVE
 City HUDSON State WI Zip Code 54016-8060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCMILLAN ELECTRIC COMPANY Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123930
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 333 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ROBERT C. MCNAIR
 Full Name (Last, First, Middle Initial)
 Mailing Address TWO RELIANT PARK
 RELIANT STADIUM
 City HOUSTON State TX Zip Code 77054-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE HOUSTON TEXANS Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.106604
 Amount of Each Receipt this Period 500000.00
 Memo Item
 CONTRIBUTION

B. MR. CHARLES MCNEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 DTC PKWY
 STE 800
 City GREENWOOD VILLAGE State CO Zip Code 80111-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.104162
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. ROBERT MCNEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 FEARRINGTON POST
 City PITTSBORO State NC Zip Code 27312-5025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation USAF RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128225
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 501250.00 |
| 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 334 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT MCPHEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3072 PATRICIA AVENUE
 City State Zip Code
 LOS ANGELES CA 90064-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M.J. THEATRICAL, INC. OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : SA11.125572
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. GLENN MCWILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7017 S. OWENS STREET
 City State Zip Code
 LITTLETON CO 80127-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE GARAGECONDOS.COM BUILDER/DEVELOPER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11.127029
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. ELIZABETH MEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 MOUNTAIN VIEW TERRACE
 City State Zip Code
 BENICIA CA 94510-2754
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11.109009
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 335 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHERINE MEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 SPRING GULCH ROAD
 City JACKSON State WY Zip Code 83001-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEAD&MEAD Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.106232
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. ARTURO MEDINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 SUMMERCREST LANE
 City DULUTH State GA Zip Code 30096-2776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALCON Occupation CHEMIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135559
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. EDWARD MELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6338 WAGGONER DRIVE
 City DALLAS State TX Zip Code 75230-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVEST IN SMALL BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11.100782
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 336 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. TIMOTHY MELLON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1500
 City SARATOGA State WY Zip Code 82331-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11.110694
 Amount of Each Receipt this Period **2700.00**
 Memo Item
 CONTRIBUTION

B. JOHN MELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2175 LASSO AVE
 BIGWHEEL2US@YAHOO.COM
 City BOZEMAN State MT Zip Code 59718-7155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ADS Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118824
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. JOSEPH MENDELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 E. VALLEY RD
 UNIT 731
 City SANTA BARBARA State CA Zip Code 93108-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PERSONAL INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118874
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3200.00 |
| 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 337 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VALQUIRIO MENDONCA
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 EDMONT ROAD
 City BRAintree State MA Zip Code 02184-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HNTB CORP Occupation CIVIL ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.123917
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. CAREN MERRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 BEVERLY RD #115-349
 City MCLEAN State VA Zip Code 22101-3961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BIBURY PARTNERS Occupation PARTNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 20 / 2015**
Transaction ID : SA11.107682
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. JIM MERRILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4183 TAHOE VISTA DR.
 JIM@MERRILLCPAS.COM
 City ROCKLIN State CA Zip Code 95765-5089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL ACCOUNTANCY CORP Occupation CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118954
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 338 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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A. STEPHEN MERTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 WALNUT AVE
 SAMERTEN@YAHOO.COM
 City HOLTVILLE State CA Zip Code 92250-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROP PRODUCTION SERVICES Occupation EQUIP. SUPERVISOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt
 08 / 09 / 2015
Transaction ID : SA11.118996
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DAVID MESCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3031 OAK BEND CIRCLE
 City BRENHAM State TX Zip Code 77833-9114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.133260
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MR. HAROLD M. MESSMER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2884 SAND HILL RD
 #200
 City MENLO PARK State CA Zip Code 94025-7072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROBERT HALF INTERNATIONAL INC. Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt
 08 / 20 / 2015
Transaction ID : SA11.104491
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5750.00 |
| 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 339 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRANDON MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 50 FRANCISCO STREET
SUITE 450

City SAN FRANCISCO State CA Zip Code 94133-2100

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

Name of Employer MEYER LAW GROUP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129764

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. JOHN MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 4617 AMBERLEY DRIVE

City BIRMINGHAM State AL Zip Code 35242-7588

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 ▼
0.00

Date of Receipt
09 / 21 / 2015
Transaction ID : SA11.127714

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. JOHN MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 4617 AMBERLEY DRIVE

City BIRMINGHAM State AL Zip Code 35242-7588

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 ▼
0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.131399

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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 340 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ARTHUR W. MILAM
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 446
 City State Zip Code
 PONTE VEDRA BEACH FL 32004-0446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : SA11.137044
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. JEFFREY MILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 VALLEY BROOK RD.
 City State Zip Code
 NASHVILLE TN 37215-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE MILES ORGANIZATION, INC. PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015
Transaction ID : SA11.107672
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. JEFFREY MILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 VALLEY BROOK RD.
 City State Zip Code
 NASHVILLE TN 37215-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE MILES ORGANIZATION, INC. PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.126050
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 341 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL Z. MILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1077 RIVER RD
 APT 201
 City EDGEWATER State NJ Zip Code 07020-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 17 / 2015
Transaction ID : SA11.100448
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. PEGGY MILFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7057 E. TOWNSEND PLACE
 PRMILFORD@COMCAST.NET
 City TUCSON State AZ Zip Code 85750-0819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US WEST Occupation RETIRED EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118860
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ROGER MILGRIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 PAXINOSA RD. E.
 City EASTON State PA Zip Code 18040-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ATTORNEY/AUTHOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106997
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 342 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DOUGLAS MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 LAUREL HILL COURT
 City State Zip Code
 BLUFFTON SC 29910-4918
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : SA11.131403
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. JAMES MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 PIONEER RD
 City State Zip Code
 MCPHERSON KS 67460-8042
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11.100960
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. JOY R. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 DALE COURT NORTH
 JOYSVENTURES-POLITICAL@YAHOO.COM
 City State Zip Code
 SHOREVIEW MN 55126-6004
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.119064
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 343 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RAE MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 201 ROEHL RD NW

City ALBUQUERQUE State NM Zip Code 87107-6635

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

Name of Employer SELF EMPLOYEED Occupation SMALL BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123972

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. ROGER MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 4844 KINGSTON DR.
ROGERMILLER35@GMAIL.COM

City ANNANDALE State VA Zip Code 22003-6147

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

Name of Employer RETIRED Occupation RETIREDR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118952

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. TOMMY MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 17604 HARBORD OAKS CIRCLE

City DALLAS State TX Zip Code 75252-4964

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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131912

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 344 OF 1266 |
| | <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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BRUCE MILLS
Full Name (Last, First, Middle Initial)

Mailing Address 1950 GALLEON DRIVE

City NAPLES State FL Zip Code 34102-7700

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

Name of Employer MILLS PROPERTIES Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.135599

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. LAWREN K. MILLS
Full Name (Last, First, Middle Initial)

Mailing Address 6730 SPIRIT LAKE DR
UNIT 202

City INDIANAPOLIS State IN Zip Code 46220-7134

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

Name of Employer ICE MILLER, LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11.137391

Amount of Each Receipt this Period
 300.00

Memo Item
CONTRIBUTION

C. DENNIS MILNE
Full Name (Last, First, Middle Initial)

Mailing Address 630 COUNTY ROUTE 513

City PITTSTOWN State NJ Zip Code 08867-

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

Name of Employer EQUINE TRUAMA CENTER INC. Occupation VETERINARIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11.107362

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| 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 345 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. CYNTHIA A. MIRSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 25331 DERBYHILL DRIVE
 City LAGUNA HILLS State CA Zip Code 92653-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PACIFIC RIM CAPITAL, INC. Occupation CO-OWNER/DIRECTOR SPECIAL EVENTS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 07 / 28 / 2015
Transaction ID : SA11.100928
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. PAULA MISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GREENWAY PLAZA STE. 2900
 City HOUSTON State TX Zip Code 77046-0923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MISCHER INVESTMENTS, LP Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.124052
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. CARL MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 WHITE MEADOW ROAD
 City HILLSBOROUGH State NJ Zip Code 08844-1619
 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 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.127715
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 346 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. GEOFFREY K. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 DEARBORN BROOK CIRCLE
 GKMITCHELL@BRANTENERGY.COM
 City EXETER State NH Zip Code 03833-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRANT ENERGY, INC. Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.108553
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. TANDY MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12400 COIT RD.
 City DALLAS State TX Zip Code 75251-2069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CINEMARK, USA Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11.111330
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

C. VICTOR MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 755 BELFRY CT
 City CASTLE ROCK State CO Zip Code 80108-3483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEAD FUNDING Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.124043
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| 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 347 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEVE MOAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 6539 NORTH 31ST PLACE
 City PHOENIX State AZ Zip Code 85016-8910
 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 ▼ 0.00

Date of Receipt
 09 / 11 / 2015
Transaction ID : SA11.105944
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

B. WILSON MOAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 CAMPFIRE CIRCLE
 City BRANDON State MS Zip Code 39047-6323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON EYE ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.128238
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. STEVE MOBLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2205 WESTOVER ROAD
 City AUSTIN State TX Zip Code 78703-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ENERGY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 08 / 2015
Transaction ID : SA11.103102
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5750.00 |
| 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 348 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PALMER MOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 GRANITE SHOALS LANE
 City SUNRISE BEACH State TX Zip Code 78643-9377
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133274
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JERALD MOEHNKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1463 BUSSARD CT
 JMOEHNKE1@GMAIL.COM
 City ARDEN HILLS State MN Zip Code 55112-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.118884
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RAYMOND M. MOELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 SIMON RD
 City HUDSON State OH Zip Code 44236-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNWELL QUALITY TOOLS Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.100521
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 349 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CLINTON W. MOFFITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2770 LARKIN RD
 City State Zip Code
 BIGGS CA 95917-9724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11.111178
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. MR. JOSEPH MOGLIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S 108TH AVE
 City State Zip Code
 OMAHA NE 68154-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERITRADE CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11.137212
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

C. BRUCE MOLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2232 LEGACY DR.
 City State Zip Code
 ST GEORGE UT 84770-8766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOLEN ORTHODONTICS ORTHODONTIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11.138608
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 10550.00 |
| 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 350 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AL MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 13197 MAPLE DR.

City ST. LOUIS State MO Zip Code 63127-1902

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

Name of Employer MFD Occupation FOOD SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11.138609

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. CHARLES MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 2 DESILVA ISLAND

City MILL VALLEY State CA Zip Code 94941-3045

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

Name of Employer MCGUIRE REALTY Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.124035

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. CHARLES MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 2 DESILVA ISLAND

City MILL VALLEY State CA Zip Code 94941-3045

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

Name of Employer MCGUIRE REALTY Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11.124386

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 351 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 DESILVA ISLAND
 City MILL VALLEY State CA Zip Code 94941-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCGUIRE REALTY Occupation REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.133277
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. DOUGLAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 LOCH LOMOND CIRCLE
 DMOORE24@NC.RR.COM
 City CARY State NC Zip Code 27511-5017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GSK Occupation MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118870
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. KEITH MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 W 7TH ST
 APT 2746
 City FORT WORTH State TX Zip Code 76107-9313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 4FRONT ENGINEERED SOLUTIONS, INC. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135624
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 352 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PATRICK MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3225 ARGONNE DRIVE
 City ATLANTA State GA Zip Code 30305-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SET CONSULTING Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 21 / 2015
Transaction ID : SA11.104373
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PATRICK MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3225 ARGONNE DRIVE
 City ATLANTA State GA Zip Code 30305-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SET CONSULTING Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 10 / 21 / 2015
Transaction ID : SA11.109549
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PATRICK MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3225 ARGONNE DRIVE
 City ATLANTA State GA Zip Code 30305-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SET CONSULTING Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 12 / 14 / 2015
Transaction ID : SA11.137579
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 353 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN MOOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4464 LAKEVIEW BLVD
 City LAKE OSWEGO State OR Zip Code 97035-5557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKADDEN ARPS Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.124038
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MICHAEL MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11033 VALLEY LIGHTS DR.
 City EL CAJON State CA Zip Code 92020-8152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.124040
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. MICHAEL MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11033 VALLEY LIGHTS DR.
 City EL CAJON State CA Zip Code 92020-8152
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.136761
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 354 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL MORESCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4246 HAMPTON AVENUE
 PAULMORESCHI@CS.COM
 City WESTERN SPRGS State IL Zip Code 60558-1310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOLE PRACTITIONER Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.118963
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. RUSS MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 RIVER BLUFF TRAIL
 City AUGUSTA State GA Zip Code 30907-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation HEALTH PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11.105010
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. CHARLES MORIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1707 MINERAL SPRINGS ROAD
 City LAKE WYLIE State SC Zip Code 29710-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERCER HR SERVICES LLC Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.127256
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 355 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRANCIS MORLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 PELICAN BAY BLVD.
 UNIT 401
 City NAPLES State FL Zip Code 34108-5533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.118904
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MR. DAVID L. MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 838
 City SAN DIMAS State CA Zip Code 91773-0838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INWESCO, INCORPORATED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.129795
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. GEORGE MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 COMPTON COURT
 City PRAIRIE VILLAGE State KS Zip Code 66208-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COUNTRY CLUB BANK Occupation BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.133287
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 356 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. JOHN W. MORRISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13239 CAROL AVE
 City WARREN State MI Zip Code 48088-4772
 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 ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110084
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

B. JOSEPH MORRISSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 HAWTHORNE PL
 City MONTCLAIR State NJ Zip Code 07042-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEWARD & KISSEL Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103814
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. ROBERT MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 98 RIVERSIDE AVENUE
 City RIVERSIDE State CT Zip Code 06878-1619
 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 ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123902
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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: (check only one) | PAGE 357 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DANIEL MORROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22435 PANTHER LOOP
 DAVIDMORROCCO@GMAIL.COM
 City BRADENTON State FL Zip Code 34202-6320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORANGETHEORY FITNESS Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118900
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. FRED MOSELEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 HARBOUR DRIVE #204A
 City VERO BEACH State FL Zip Code 32963-2882
 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 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.130436
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ANNE MOSES
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 LOWELL AVE.
 City PALO ALTO State CA Zip Code 94301-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.103705
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 358 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARTY MOSIER
Full Name (Last, First, Middle Initial)

Mailing Address 3462 CORNICE PLACE
MARTY MOSIR@AOL.COM

City WOODBRIDGE State VA Zip Code 22192-1730

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

Name of Employer X-COM SYSTEMS LLC Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118895

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

B. DONNA MOSING
Full Name (Last, First, Middle Initial)

Mailing Address 308 SAWGRASS LN

City BROUSSARD State LA Zip Code 70518-6149

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 10 / 2015
Transaction ID : SA11.100324

Amount of Each Receipt this Period 10000.00

Memo Item
CONTRIBUTION

C. GREG MOSING
Full Name (Last, First, Middle Initial)

Mailing Address 308 SAWGRASS LN

City BROUSSARD State LA Zip Code 70518-6149

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 10 / 2015
Transaction ID : SA11.100323

Amount of Each Receipt this Period 10000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20250.00

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 359 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREG MOSING
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 SAWGRASS LN
 City Broussard State LA Zip Code 70518-6149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103600
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

B. GREG MOSING
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 SAWGRASS LN
 City Broussard State LA Zip Code 70518-6149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.106215
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

C. GREG MOSING
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 SAWGRASS LN
 City Broussard State LA Zip Code 70518-6149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.111452
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 30000.00
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 360 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREG MOSING
Full Name (Last, First, Middle Initial)

Mailing Address 308 SAWGRASS LN

City BROSSARD State LA Zip Code 70518-6149

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11.137777

Amount of Each Receipt this Period
 10000.00

Memo Item
CONTRIBUTION

B. PETER MOSLING
Full Name (Last, First, Middle Initial)

Mailing Address 291 COUNTY RD FF

City PICKETT State WI Zip Code 54964-9512

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : SA11.124022

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. STEPHEN P. MOSLING
Full Name (Last, First, Middle Initial)

Mailing Address 6075 PELICAN BAY BLVD
DORCHESTER UNIT 1202

City NAPLES State FL Zip Code 34108-8169

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11.109562

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 11500.00 |
| 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 361 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TINA MOTT
Full Name (Last, First, Middle Initial)

Mailing Address 11 MANNING COVE ROAD

City MALTA State NY Zip Code 12020-4125

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

Name of Employer HUSBAND (SMALL BUSINESS OWNER) Occupation HOME MAKER/SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129801

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. JAMES MOYERS
Full Name (Last, First, Middle Initial)

Mailing Address 2554 REINS RD.

City BEAUMONT State TX Zip Code 77713-3983

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

Name of Employer NA Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.126408

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. CHARLES T. MUNGER JR.
Full Name (Last, First, Middle Initial)

Mailing Address 1423 HAMILTON AVE

City PALO ALTO State CA Zip Code 94301-3150

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

Name of Employer SELF Occupation PHYSICIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 23 / 2015
Transaction ID : SA11.110019

Amount of Each Receipt this Period 300000.00

Memo Item CONTRIBUTION

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 300500.00 |
| 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 362 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. FRANK W. MUNSON
Full Name (Last, First, Middle Initial)

Mailing Address 65 ROWAYTON AVE APT 1

| | | |
|-----------------|-------------|------------------------|
| City NORWALK | State CT | Zip Code 06853-1600 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 16 | | 2015 |

Transaction ID : SA11.108645

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. MR. FRANK W. MUNSON
Full Name (Last, First, Middle Initial)

Mailing Address 65 ROWAYTON AVE APT 1

| | | |
|-----------------|-------------|------------------------|
| City NORWALK | State CT | Zip Code 06853-1600 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 14 | | 2015 |

Transaction ID : SA11.111003

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. JERRY W. MURDOCK
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2009

| | | |
|----------------------|-------------|------------------------|
| City FOUNTAIN INN | State SC | Zip Code 29644-1067 |
|----------------------|-------------|------------------------|

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

| | |
|-----------------------------------|---------------------------|
| Name of Employer IPS PACKAGING | Occupation CEO - OWNER |
|-----------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 05 | | 2015 |

Transaction ID : SA11.107026

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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 363 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TOM MURDOUGH
Full Name (Last, First, Middle Initial)

Mailing Address 102 FIRST STREET
SUITE 205

City HUDSON State OH Zip Code 44236-5386

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 21 / 2015
Transaction ID : SA11.127717

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. PATSY A. MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 4 JOHN STARK LN

City HAMPTON State NH Zip Code 03842-1026

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 26 / 2015
Transaction ID : SA11.109914

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. TERENCE MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 5606 NETHERLAND CT.

City DALLAS State TX Zip Code 75229-5567

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

Name of Employer JONES DAY Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.124014

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 364 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREGORY L. MUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8415 BELLONA LN #1010
 City TOWSON State MD Zip Code 21204-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARINC Occupation PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 19 / 2015
Transaction ID : SA11.111075
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. DAVID MUTZABAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 BROAD BAY RD
 City VIRGINIA BEACH State VA Zip Code 23451-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THUNDERCAT Occupation ACCOUNT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.126059
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. DAVID MUTZABAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 BROAD BAY RD
 City VIRGINIA BEACH State VA Zip Code 23451-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THUNDERCAT Occupation ACCOUNT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11.126826
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 365 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID MUTZABAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 BROAD BAY RD
 City VIRGINIA BEACH State VA Zip Code 23451-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THUNDERCAT Occupation ACCOUNT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.130689
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DAVID MUTZABAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 BROAD BAY RD
 City VIRGINIA BEACH State VA Zip Code 23451-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THUNDERCAT Occupation ACCOUNT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 28 / 2015
Transaction ID : SA11.138008
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. DAVID MUTZABAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 BROAD BAY RD
 City VIRGINIA BEACH State VA Zip Code 23451-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THUNDERCAT Occupation ACCOUNT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 28 / 2015
Transaction ID : SA11.138183
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 366 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEITH M MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3471 WINDISCH AVE.
 City CINCINNATI State OH Zip Code 45208-4217
 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 **0.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11.108847
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

B. LORNA MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 EAST 59 STREET 15A
 City NEW YORK State NY Zip Code 10022-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEREG Occupation PSYCHOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : SA11.124028
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. MARY MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 MARLBOROUGH STREET
 City BOSTON State MA Zip Code 02116-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELAWARE LADERA MANAGEMENT COMPA Occupation BUSINESS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 06 / 2015**
Transaction ID : SA11.135681
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 367 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD MYERS
Full Name (Last, First, Middle Initial)

Mailing Address 2790 BIG ISLAND RD.
RUSSELLMYR@AOL.COM

City State Zip Code
FREMONT NE 68025-6184

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

Name of Employer Occupation
MCGILL, GOTSDINER, WORKMAN & LEPP, P. MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119048

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. BRUCE NADEAU
Full Name (Last, First, Middle Initial)

Mailing Address 4943 PARK RD
613

City State Zip Code
CHARLOTTE NC 28209-3574

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

Name of Employer Occupation
V-STAX, LLC TECHNOLOGY DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.123924

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. GEORGE NAGRODSKY
Full Name (Last, First, Middle Initial)

Mailing Address 68 MEETING ST

City State Zip Code
CHARLESTON SC 29401-2507

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.135690

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 368 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. N RICHARD NAMAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 HERMITAGE CIRCLE
 City PALM BEACH GARDENS State FL Zip Code 33410-1611
 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 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.107954A
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 CHARGED BACK \$250.00 ON 09/22/2015

B. N RICHARD NAMAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 HERMITAGE CIRCLE
 City PALM BEACH GARDENS State FL Zip Code 33410-1611
 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 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107954B
 Amount of Each Receipt this Period -250.00
 Memo Item CONTRIBUTION
 CHARGED BACK

C. GUY AND JOAN NAPIER
 Full Name (Last, First, Middle Initial)
 Mailing Address ON548 ARMSTRONG LANE GENAPIER@YAHOO.COM
 City GENEVA State IL Zip Code 60134-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119061
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 500.00 |
| 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 369 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM NAPIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 AVENUE E
 WHNAPIER@AOL.COM
 City FORT MADISON State IA Zip Code 52627-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INHANCE CORPORATION Occupation CORPORATE PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118956
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MR. ROBERT W. NAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 J ST, SUITE 360
 LOFT 360
 City SACRAMENTO State CA Zip Code 95814-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROBERT W NAYLOR ADVOCACY, LC Occupation ATTORNEY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123945
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MR. DANIEL P. NEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S 31ST AVE
 APT 4806
 City OMAHA State NE Zip Code 68131-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAIRMAN Occupation MUTUAL OF OMAHA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137198
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 370 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MORT S. NEBLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6023 JOSHUAS LNDG
 City State Zip Code
 WILMINGTON NC 28409-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11.137453
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. MR. H. PHILLIP NEFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 WOODVALLEY DR
 City State Zip Code
 DALTON GA 30720-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CYCLE TEX INC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.109056
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. MR. GREGORY J. NEICHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 S. MASON RD
 City State Zip Code
 SAINT LOUIS MO 63131-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CENTRAL MISSOURI PIZZA, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.110773
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 371 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BETTY NEIGHBORS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1024
 City LAKE STEVENS State WA Zip Code 98258-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TERRA SERVICES, INC Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : SA11.100691
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

B. DANE NEILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20202 CRESTA AVENIDA 4108
 City SAN ANTONIO State TX Zip Code 78256-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAA REAL ESTATE COMPANY Occupation SR. DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 23 / 2015**
Transaction ID : SA11.123849
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. DANE NEILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20202 CRESTA AVENIDA 4108
 City SAN ANTONIO State TX Zip Code 78256-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAA REAL ESTATE COMPANY Occupation SR. DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.135710
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 372 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WALLACE NELMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2546 WARD BLVD
 City WILSON State NC Zip Code 27893-1600
 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 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.108098
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JOHN P. NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 KENMORE AVE
 City COUNCIL BLUFFS State IA Zip Code 51503-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SILVER STONE GROUP Occupation CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.111478
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

C. RAYMOND NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37W876 TANGLEWOOD DR.
 City BATAVIA State IL Zip Code 60510-9516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R J NELSON ENTERPRISES LTD Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.124041
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| 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 373 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOSEPH NETTEMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2322 LARKSPUR CANYON DR.
 City SAN JOSE State CA Zip Code 95138-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROCESS DISTRIBUTION GROUP Occupation PRESIDENT/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124000
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. MARGARET NEUBAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2185 SEEMAN ST SW
 City EAST SPARTA State OH Zip Code 44626-9727
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.103047
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. LAWRENCE M. NEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3621 WYNN DR APT 1
 City EDMOND State OK Zip Code 73013-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 07 / 17 / 2015
Transaction ID : SA11.100451
 Amount of Each Receipt this Period 1500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 374 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RALPH NEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 4126 LUONG FIELD CT

City KATY State TX Zip Code 77494-4465

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

Name of Employer SELF Occupation ENIGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133311

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. RONALD NEVILLE
Full Name (Last, First, Middle Initial)

Mailing Address 3541 E. KINGSWOOD DRIVE

City SPRINGFIELD State MO Zip Code 65809-4500

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 ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103199

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ADELE NEVINS
Full Name (Last, First, Middle Initial)

Mailing Address 2380 KINGFISH RD
DELLIENEVINS@AOL.COM

City NAPLES State FL Zip Code 34102-1538

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

Name of Employer SELF EMPLOYED Occupation RETIRED - REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.119080

Amount of Each Receipt this Period 530.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1030.00

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 375 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL NEWHOUSE
Full Name (Last, First, Middle Initial)

Mailing Address 24600 S TAMIAMI TR 211
PMB 307

City State Zip Code
BONITA SPRINGS FL 34134-7022

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

Name of Employer Occupation
GUY CARPENTER & CO LLC REINSYRANCE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SA11.119074

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. BRIAN NEWTON
Full Name (Last, First, Middle Initial)

Mailing Address 2992 EDMONTON RD

City State Zip Code
GLENDALE CA 91206-1319

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

Name of Employer Occupation
MYLIFE RECOVERY CENTERS, INC. COO & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SA11.123923

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. MARTHA NEWTON
Full Name (Last, First, Middle Initial)

Mailing Address 10017 BLAKE LANE

City State Zip Code
OAKTON VA 22124-2918

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

Name of Employer Occupation
CONSULTANT SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SA11.123967

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 376 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARCILLINE NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 26134 N 93TH AVENUE
 City PEORIA State AZ Zip Code 85383-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KILAUEA CRUSHERS, INC Occupation EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.124029
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. RAY NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 509
 City JONESPORT State ME Zip Code 04649-0509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.131423
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. STUART C. NICKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2503 HUTCHINSON CT
 City BURLINGTON State NC Zip Code 27215-9831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.137022
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 377 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS NICKOLOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 51807
 City MIDLAND State TX Zip Code 79710-1807
 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 ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129836
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CLAIR W NIELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1666 VIA BOSQUE
 City SANTA FE State NM Zip Code 87506-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOS ALAMOS NATIONAL LABORATORY
 Occupation RETIRED PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123954
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. THEODORE NIXON
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 LIGHTFOOT RD
 City LOUISVILLE State KY Zip Code 40207-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D.D. WILLIAMSON
 Occupation EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128260
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 378 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANTHONY SCOTT NOBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6624 FOREST CREEK DR
 City State Zip Code
 DALLAS TX 75230-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NOBLE ROYALTIES, INC. PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11.109547
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

B. DR. KARL THOMAS NOELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 GREENBRIAR RD
 City State Zip Code
 LAFAYETTE LA 70503-3408
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.103325
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. MRS. SHERRY K. NOLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14820 LOCHINVAR DRIVE
 SNOLAN@NOWSPECIALTIES.COM
 City State Zip Code
 DALLAS TX 75254-7528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NOW SPECIALTIES, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.119037
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 51500.00
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 379 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANDRE NOLEWAJKA, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 HIGHLAND PARK DR.
 AJNOLEWAJKA@GMAIL.COM
 City FORT SMITH State AR Zip Code 72916-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERCY Occupation INTERVENTION CARDIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.119003
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. JAMES NORDSTROM
 Full Name (Last, First, Middle Initial)
 Mailing Address 11897 OAKLAND HILLS DR.
 City LAS VEGAS State NV Zip Code 89141-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : SA11.123937
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. MICHAEL NOVOGRADAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 244 GLORIETTA BLVD.
 City ORINDA State CA Zip Code 94563-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOVOGRADAC & COMPANY LLP Occupation REAL ESTATE CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : SA11.106026
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 380 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LEONARD NUNNINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 W 58TH ST
 City KANSAS CITY State MO Zip Code 64113-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCESS ADVERTISING Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 07 / 2015**
Transaction ID : SA11.100191
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

B. LEONARD I. NUNNICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 WEST 58TH STREET
 City KANSAS CITY State MO Zip Code 64113-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCESS ADVERTISING Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : SA11.100693
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. SYLVANUS W. NYE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 GALLOWAY RIDGE APT G307
 City PITTSBORO State NC Zip Code 27312-8428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 12 / 2015**
Transaction ID : SA11.108468
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 381 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PATRICIA O' BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 EAST 86 STREET
 City NEW YORK State NY Zip Code 10028-7533
 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 0.00

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11.105350
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. DANIEL O' CONNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4211 WEST LINDA LANE
 City CHANDLER State AZ Zip Code 85226-2187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCONNOR & CAMPBELL, PC Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123850
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ERIC W. O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 MARGAUXS WAY
 City NORFOLK State MA Zip Code 02056-1819
 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 0.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.137028
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 382 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MICHAEL O'DONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 515 GREEN VALLEY CT SE

City CEDAR RAPIDS State IA Zip Code 52403-3201

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

Name of Employer THE ROSE COMPANY Occupation ENTREPRENEUR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106988

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. PATRICIA O'DONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 4291 WILLIAMS RD

City ESTERO State FL Zip Code 33928-2939

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

Name of Employer O'DONNELL LANDSCAPES INC Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124056

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. BOB O'NEAL
Full Name (Last, First, Middle Initial)

Mailing Address 10103 LONDWOODS CT.

City HOUSTON State TX Zip Code 77024-

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123987

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 383 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID O'REILLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2831 S INGRAM MILL RD
 City SPRINGFIELD State MO Zip Code 65804-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer O'REILLY AUTO PARTS Occupation CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.124061
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. DONNA O'ROURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E WISCONSIN AVE 1200
 City MILWAUKEE State WI Zip Code 53202-4107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ARTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.124049
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. DOUGLAS OBENSHAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6782 LONICERA STREET DOBE1_2000@YAHOO.COM
 City CARLSBAD State CA Zip Code 92011-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOCKTON Occupation COMMERCIAL INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118946
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3750.00 |
| 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 384 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KEVIN OBRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11570 ROSEDALE RD
 City State Zip Code
 MECHANICSBURG OH 43044-9521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INSURANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.129848
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PATRICIA M. OBRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 86TH ST APT 20D
 City State Zip Code
 NY NY 10028-7533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 26 / 2015
Transaction ID : SA11.109884
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MARILYN ODEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 MUNRO AVE
 City State Zip Code
 RIFLE CO 81650-3632
 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 ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.106538
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: PAGE 385 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRAN OHAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 4TH STREET
 City State Zip Code
 PACIFIC GROVE CA 93950-4608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PIED PIPER PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.128262
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOHN OKEEFE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11129 CASHMERE ST.
 City State Zip Code
 LOS ANGELES CA 90049-3233
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123996
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MR. WILLIAM OKEEFFE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10001 PANDORA DR.
 N/A
 City State Zip Code
 LA MESA CA 91941-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SAFTI CORPORATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2015
Transaction ID : SA11.119109
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 386 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JACK OKERSTROM
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 SUWANEE RD
 City FAIRWAY State KS Zip Code 66205-3305
 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 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.130441
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. MARIE OLESEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2885 CAMINITO MERION
 City LA JOLLA State CA Zip Code 92037-5818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COSMETIC PRACTICE ENHANCEMENT GROUP Occupation HEALTH CARE ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.126666
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. JOHN OLIPHANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 263 SLEEPY HOLLOW TERRACE
 City GLENDALE State CA Zip Code 91206-4718
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133328
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 387 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BEVERLY K. OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 14 RANDALL AVE
VIKINGCLOV@AOL.COM

City STATEN ISLAND State NY Zip Code 10301-2705

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

Name of Employer 1842 INN Occupation BED AND BRESKFAST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 29 / 2015
Transaction ID : SA11.119060

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. D. JOSEPH OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 4401 OAK POINTE DR

City BRIGHTON State MI Zip Code 48116-9790

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 29 / 2015
Transaction ID : SA11.109571

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. HOWARD OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 609 BRISTOL PLACE
OLSON609@AOL.COM

City MURRELLS INLET State SC Zip Code 29576-7550

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 ▼
0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.118912

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 388 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. ALISON E. ONEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9615 OAK CIR
 City OMAHA State NE Zip Code 68124-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 11 / 12 / 2015
Transaction ID : SA11.137197
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

B. PAUL F. OREFFICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6850 E CUARENTA CT
 City PARADISE VALLEY State AZ Zip Code 85253-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 10 / 16 / 2015
Transaction ID : SA11.111102
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. ELLEN ORTIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2453 WESTLAKE DR
 City AUSTIN State TX Zip Code 78746-2951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 10 / 02 / 2015
Transaction ID : SA11.109043
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| 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 389 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREG OSBORNE
Full Name (Last, First, Middle Initial)

Mailing Address 4021 NASSAU CIRCLE WEST

| | | |
|-------------------|-------------|------------------------|
| City ENGLEWOOD | State CO | Zip Code 80113-5149 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------|--------------------------------------|
| Name of Employer SELF | Occupation REAL ESTATE INVESTMENT |
|--------------------------|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.123868

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. JOSEPH OSBORNE
Full Name (Last, First, Middle Initial)

Mailing Address 2300 S TIBBS AVE

| | | |
|----------------------|-------------|------------------------|
| City INDIANAPOLIS | State IN | Zip Code 46241-4832 |
|----------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer CARDINAL CONTRACTING, LLC | Occupation PRESIDENT |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.102900

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

C. DIANE OSGOOD
Full Name (Last, First, Middle Initial)

Mailing Address 17 BURNING TREE ROAD

| | | |
|-----------------------|-------------|------------------------|
| City NEWPORT BEACH | State CA | Zip Code 92660-5106 |
|-----------------------|-------------|------------------------|

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

| | |
|--------------------------|---------------------------|
| Name of Employer SELF | Occupation AGRICULTURE |
|--------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.132402

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 390 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TED OSWALD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 456
 TED.OSWALD@TLPROPERTIESLLC.COM
 City GRANGER State IA Zip Code 50109-0456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11.123950
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. BILLY OVERCAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2435 WOODLAWN CIRCLE WEST
 City ST PETERSBURG State FL Zip Code 33704-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDTRONIC Occupation RETIRED MEDICAL DEVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.132405
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. WILLIAM OWENBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7123 PARK TERRACE DRIVE
 City ALEXANDRIA State VA Zip Code 22307-2003
 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 **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.129860
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 391 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WINFIELD PADGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 SHERRY LANE
 SUITE 1000
 City DALLAS State TX Zip Code 75225-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119118
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. CAREY PAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1467 HIGHLAND CT.
 City KELLER State TX Zip Code 76262-9061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation RETIRED SURGERON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135799
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. WYNNE H. PALERMO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 CANTWELL GROVE
 WYNNE@WYNNEREALTY.COM
 City COLORADO SPRINGS State CO Zip Code 80906-6911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WYNNE REALTY, LTD. Occupation REAL ESTATE CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118869
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3750.00 |
| 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 392 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHRISTOPHER PALLAS
Full Name (Last, First, Middle Initial)

Mailing Address #1, SEVENTH STREET

City AUGUSTA State GA Zip Code 30901-1328

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

Name of Employer GRU Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11.104115

Amount of Each Receipt this Period
 1000.00

Memo Item
 CONTRIBUTION

B. JAMES J. PALLOTTA
Full Name (Last, First, Middle Initial)

Mailing Address 180 ASH ST

City WESTON State MA Zip Code 02493-1928

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

Name of Employer RAPTOR CAPITAL MANAGEMENT Occupation CHAIRMAN & MANGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11.109510

Amount of Each Receipt this Period
 50000.00

Memo Item
 CONTRIBUTION

C. CATHRYN PALMIERI
Full Name (Last, First, Middle Initial)

Mailing Address 1437 VIA ANITA

City PACIFIC PALISADES State CA Zip Code 90272-2357

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

Name of Employer RETIRED FROM KORN/ FERRY Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11.124053

Amount of Each Receipt this Period
 1000.00

Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 52000.00 |
| 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 393 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GIACOMO PANTALEO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1094
 City NEW LONDON State NH Zip Code 03257-1094
 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 **0.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : SA11.111422
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

B. ANTHONY PAPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 637 SUMMIT RIDGE DR.
 City MILFORD State MI Zip Code 48381-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN STEEL TREATING Occupation ION TECHMICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 19 / 2015**
Transaction ID : SA11.123841
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. MARK PARADIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 S. PETERS ROAD, SUITE 301
 MARK@TAPROOT.COM
 City KNOXVILLE State TN Zip Code 37923-5224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SI Occupation MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : SA11.119067
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5750.00 |
| 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 394 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM PARISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 MILFORD ST
 City HOUSTON State TX Zip Code 77006-6317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORGAN LEWIS Occupation LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.127875
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BEN H. PARKER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1216
 City GOLDEN State CO Zip Code 80402-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 05 / 2015
Transaction ID : SA11.107010
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CRAIG PARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 MANOR HILL DR.
 City NORMAN State OK Zip Code 73072-3981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SILVER STAR CONSTRUCTION CO., INC. Occupation CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.127630
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 395 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN PARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 WEST CONCORD STREET
 City BOSTON State MA Zip Code 02118-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLD BOSTON RESTORATIONS Occupation PROPERTY MGT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11.104291
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. GREG PARKHURST
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 THELMA DR.
 City SAN ANTONIO State TX Zip Code 78212-2520
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133349
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. DIANE PARRISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 SAUGATUCK AVENUE
 City WESTPORT State CT Zip Code 06880-6430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135811
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 396 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JACK PASINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4280 GALT OCEAN DRIVE
 11P
 City FT LAUDERDALE State FL Zip Code 33308-6147
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135817
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. VINCENT PASQUALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8808 HONEYSUCKLE DR.
 VJPASQUALE@AOL.COM
 City LANTANA State TX Zip Code 76226-5603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118896
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. BRUCE PATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 RIVERSIDE DR.
 2A
 City NEW YORK State NY Zip Code 10025-6809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORMERLY EXXON AND PRICEWATERHOUSECOOPERS Occupation RETIRED INTERNATIONAL TAX ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119022
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 397 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GUY PATTERSON
Full Name (Last, First, Middle Initial)

Mailing Address 10155 BISHOP LAKE RD W

| | | |
|----------------------|-------------|------------------------|
| City JACKSONVILLE | State FL | Zip Code 32256-3476 |
|----------------------|-------------|------------------------|

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

| | |
|---------------------------------------|-------------------------------------|
| Name of Employer COASTAL RESOURCES | Occupation REAL ESTATE DEVELOPER |
|---------------------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123869

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. JAMES A. PATTERSON
Full Name (Last, First, Middle Initial)

Mailing Address 10000 SHELBYVILLE RD

| | | |
|--------------------|-------------|------------------------|
| City LOUISVILLE | State KY | Zip Code 40223-2950 |
|--------------------|-------------|------------------------|

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

| | |
|--------------------------|------------------------|
| Name of Employer SELF | Occupation INVESTOR |
|--------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11.104494

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

C. KATHLEEN PATTERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1450 SYLVANER AVE
KATHLEEN07@COMCAST.NET

| | | |
|--------------------|-------------|------------------------|
| City ST. HELENA | State CA | Zip Code 94574-2338 |
|--------------------|-------------|------------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer N/A | Occupation RETIRED |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.118948

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3200.00 |
| 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 398 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATHLEEN PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 SYLVANER AVE
 KATHLEEN07@COMCAST.NET
 City ST. HELENA State CA Zip Code 94574-2338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 21 / 2015**
Transaction ID : SA11.127720
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

B. RANDY PAUL
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 WEST PONT DES MOUTON RD.
 RPAUL@HOMEFURN.COM
 City LAFAYETTE State LA Zip Code 70507-4007
 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 **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.118974
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. SHELLEY PAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 STIRRUP KEY BLVD
 City MARATHON State FL Zip Code 33050-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation BANKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.124032
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 399 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICH AND HOLLY PAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3698 WINSTON PLACE
 City State Zip Code
 HOFFMAN ESTATES IL 60192-1848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.128790
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. LAUREN PEASE
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 CEDAR AVE.
 City State Zip Code
 HEWLETT NY 11557-2521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123964
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. NICHOLAS PEAY JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 FAIRMOUNT BLVD
 City State Zip Code
 CLEVELAND HEIGHTS OH 44118-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.109652
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3200.00 |
| 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 400 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS J. PEED
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 82545

City LINCORN State NE Zip Code 68501-2545

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

Name of Employer SANDHILLS PUBLISHING Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015

Transaction ID : SA11.137052

Amount of Each Receipt this Period
 50000.00

Memo Item
CONTRIBUTION

B. MS. NATALIE C. PEETZ
Full Name (Last, First, Middle Initial)

Mailing Address 960 FALL CREEK RD

City LINCORN State NE Zip Code 68510-3837

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

Name of Employer PEETZ & CO. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11.137209

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. DENISE PEHRSSON
Full Name (Last, First, Middle Initial)

Mailing Address 185 W. CARTER

City SIERRA MADRE State CA Zip Code 91024-1109

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

Name of Employer DYNAFLEX PRODUCTS Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : SA11.132410

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 51250.00 |
| 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 401 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOSEPHINE ELLIS PELLETTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 N PLACITA DEL TIO
 City TUCSON State AZ Zip Code 85750-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.107939
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

B. JERRY PELLIZZON
 Full Name (Last, First, Middle Initial)
 Mailing Address 27482 PASEO BOVEDA
 City SAN JUAN CAPISTRAN State CA Zip Code 92675-1890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129880
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ANGELA PELLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 COUNTRY LANE
 City ROLLING HILLS ESTA State CA Zip Code 90274-4864
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135837
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10750.00 |
| 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 402 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHRISTOPHER PELZAR
Full Name (Last, First, Middle Initial)

Mailing Address 70 HIGH VALLEY DR.

| | | |
|----------------|-------------|------------------------|
| City CANTON | State CT | Zip Code 06019-4523 |
|----------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer ACTIVATE THE SPACE | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 06 | | 2015 |

Transaction ID : SA11.136767

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

| | | |
|---------------|-------------|------------------------|
| City YUKON | State OK | Zip Code 73099-3247 |
|---------------|-------------|------------------------|

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

| | |
|------------------------------------|------------------------------|
| Name of Employer MIKE JORDAN CO | Occupation OILFIELD SALES |
|------------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 16 | | 2015 |

Transaction ID : SA11.130448

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

| | | |
|---------------|-------------|------------------------|
| City YUKON | State OK | Zip Code 73099-3247 |
|---------------|-------------|------------------------|

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

| | |
|------------------------------------|------------------------------|
| Name of Employer MIKE JORDAN CO | Occupation OILFIELD SALES |
|------------------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 08 | | 2015 |

Transaction ID : SA11.133361

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 403 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUSAN PENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11776 STRATFORD HOUSE PLACE
 City RESTON State VA Zip Code 20190-3380
 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 ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103806
 Amount of Each Receipt this Period 1700.00
 Memo Item
 CONTRIBUTION

B. MR. DAVID PENDERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5700 LIGHTHOUSE DR.
 City FLOWER MOUND State TX Zip Code 75022-6472
 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 ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110100
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ALSTON PENFOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 S SHORE DR
 City CLEAR LAKE State IA Zip Code 50428-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A TO Z DRYING Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 20 / 2015
Transaction ID : SA11.107655
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00
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 404 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 20 / 2015
Transaction ID : SA11.104586
 Amount of Each Receipt this Period 200000.00
 Memo Item
 CONTRIBUTION

B. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11.111413
 Amount of Each Receipt this Period 300000.00
 Memo Item
 CONTRIBUTION

C. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11.139603
 Amount of Each Receipt this Period 18750.00
 Memo Item
 CONTRIBUTION

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 231875.00 |
| 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 405 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : SA11.139604
 Amount of Each Receipt this Period
 21250.00
 Memo Item
 CONTRIBUTION
 FUNDRAISING SERVICES

B. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.139605
 Amount of Each Receipt this Period
 18750.00
 Memo Item
 CONTRIBUTION
 FUNDRAISING SERVICES

C. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11.139606
 Amount of Each Receipt this Period
 7082.76
 Memo Item
 CONTRIBUTION
 FUNDRAISING EVENT (FOOD, BEVERAGES, EVENT STAFF, FLOWERS)

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 47082.76 |
| 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 406 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 31 / 2015
Transaction ID : SA11.139607
 Amount of Each Receipt this Period 22500.00
 Memo Item
 CONTRIBUTION
 FUNDRAISING SERVICES

B. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.139608
 Amount of Each Receipt this Period 23750.00
 Memo Item
 CONTRIBUTION
 FUNDRAISING SERVICES

C. MR. A JERROLD PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1999 AVENUE OF THE STARS
 STE 3050
 City LOS ANGELES State CA Zip Code 90067-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHARTWELLPARTNERS LLC Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11.139609
 Amount of Each Receipt this Period 20000.00
 Memo Item
 CONTRIBUTION
 FUNDRAISING SERVICES

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 66250.00 |
| 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 407 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. MARGARET A. PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 S GRAND AVE #1710
 City LOS ANGELES State CA Zip Code 90071-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LA ART HOUSE Occupation ARTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 04 / 2015**
Transaction ID : SA11.111414
 Amount of Each Receipt this Period **25000.00**
 Memo Item
CONTRIBUTION

B. VICTOR PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 5477 COSHATTE RD
 VPEREZ052@GMAIL.COM
 City BELLVILLE State TX Zip Code 77418-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GLORI ENERGY INC. Occupation CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : SA11.118917
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. JUD PERKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 379 LAURELWOOD DR.
 City SALEM State CT Zip Code 06420-3931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED FORMER EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.123878
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 25500.00 |
| 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 408 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LOUIS PERNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 38295 WATERWAY DRIVE
 City OCEAN VIEW State DE Zip Code 19970-3358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.131447
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ANDREW PERRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 VAN NESS AVE
 City RENO State NV Zip Code 89503-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11.105317
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ANDREW PERRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 VAN NESS AVE
 City RENO State NV Zip Code 89503-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.109367
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 409 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANDREW PERRIS
Full Name (Last, First, Middle Initial)

Mailing Address 1630 VAN NESS AVE

City RENO State NV Zip Code 89503-1338

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

Name of Employer SELF Occupation COMMERCIAL REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.136909

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. PAUL PETELIN
Full Name (Last, First, Middle Initial)

Mailing Address 9793 E LEGACY LANE

City SCOTTSDALE State AZ Zip Code 85255-6035

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

Name of Employer SELF Occupation OPHTHALMOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.127721

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. DOUGLAS PETERSEN
Full Name (Last, First, Middle Initial)

Mailing Address 1516 SUN COPPER DR.
DPETERSN@FRONTIERNET.NET

City LAS VEGAS State NV Zip Code 89117-7016

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

Name of Employer SELF Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.118921

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 410 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DOUGLAS PETERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 SUN COPPER DR.
 DPETERSN@FRONTIERNET.NET
 City LAS VEGAS State NV Zip Code 89117-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11.123856
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOEL PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 13175 MANZANITA RD NE
 City BAINBRIDGE ISLAND State WA Zip Code 98110-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 09 / 19 / 2015
Transaction ID : SA11.123874
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. LAURA PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 E PARKRIVER DRIVE
 City BOISE State ID Zip Code 83706-6085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JR. SIMPLOT COMPANY Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 08 / 06 / 2015
Transaction ID : SA11.135856
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 411 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. MICHAEL T. PETRIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4134 TREADDUR BAY LN
 City NORCROSS State GA Zip Code 30092-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALSTON & BIRD Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137306
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. MS. TRACY M. PEZZINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 965 OLD STAGE RD.
 City SALINAS State CA Zip Code 93908-9799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BENGARD RANCH, INC. Occupation FARMER/RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123977
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. RICHARD PHEGLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 564 LA LOMA ROAD
 City PASADENA State CA Zip Code 91105-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SMART & FINAL STORES Occupation SENIOR VP & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128284
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 412 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. HARRY H. PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2607 HAWTHORNE DR.
 City AMARILLO State TX Zip Code 79109-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation OIL & GAS INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 13 / 2015
Transaction ID : SA11.136990
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. RICHARD PHIPPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1180 MAIN ST
 RGPHIPPS@CVFG.COM
 City WAKEFIELD State MA Zip Code 01880-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.119090
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. MR. MARIO PICCONI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17434 UTOPIA RD.
 City SAN DIEGO State CA Zip Code 92128-2214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.136768
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 413 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. T. BOONE PICKENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8117 PRESTON ROAD SUITE 260
 City State Zip Code
 DALLAS TX 75225-6321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BP CAPITAL CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11.109234
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

B. JIM PIERCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 E ST LUCIA LANE
 City State Zip Code
 SANTA ROSA BEACH FL 32459-7506
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.108831
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 CONTRIBUTION

C. JOEL PIETRANTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 W. 9TH STREET
 City State Zip Code
 CLEVELAND OH 44113-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CLIENT STRATEGY GROUP EXECUTIVE VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106586
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 27250.00 |
| 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 414 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHANIE PIKO
Full Name (Last, First, Middle Initial)

Mailing Address 6053 S. EAGLE ST.

City CENTENNIAL State CO Zip Code 80016-4703

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

Name of Employer: CHERRY CREEK SCHOOL DISTRICT Occupation: SUBSTITUTE TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 11 / 11 / 2015
Transaction ID : SA11.138665

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

B. MR. JAMES D. PILLEN
Full Name (Last, First, Middle Initial)

Mailing Address 3214 25TH ST

City COLUMBUS State NE Zip Code 68601-2408

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

Name of Employer: SELF Occupation: AG SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 11 / 12 / 2015
Transaction ID : SA11.137202

Amount of Each Receipt this Period: 5000.00

Memo Item CONTRIBUTION

C. JANICE PINKSTON
Full Name (Last, First, Middle Initial)

Mailing Address 20 TAMALPAIS AVENUE
JCPINKSTON@COMCAST.NET

City BELVEDERE State CA Zip Code 94920-2468

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

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 08 / 10 / 2015
Transaction ID : SA11.118871

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 415 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES PIPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3416 DEER VALLEY
 City EDMOND State OK Zip Code 73034-7058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OIL STATES PIPER VALVE Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.123989
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

B. WENDY PITHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3021 N VALENCIA LN
 City PHOENIX State AZ Zip Code 85018-8118
 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 **0.00**

Date of Receipt **08 / 31 / 2015**
Transaction ID : SA11.104873
 Amount of Each Receipt this Period **500.00**
 Memo Item
 CONTRIBUTION

C. HARVEY PITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2404 WYOMING AVE., NW
 City WASHINGTON State DC Zip Code 20008-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KALORAMA PARTNERS, LLC Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11.123936
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|---|----------------|
| 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 416 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN PITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3713 ELLA LEE LANE
 City HOUSTON State TX Zip Code 77027-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135889
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MARY PLANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 VANDERWALL
 City PEACHTREE CITY State GA Zip Code 30269-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLANT HOUSEHOLD CEO Occupation WIFE AND MOM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.105097
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. GERALD PLOUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 WESTFIELD COURT
 City DUNEDIN State FL Zip Code 34698-7439
 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 ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.103727
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
| 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 417 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DON POLICKY
Full Name (Last, First, Middle Initial)
Mailing Address 3685 STURGIS RD
City RAPID CITY State SD Zip Code 57702-0321
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 07 / 2015
Transaction ID : SA11.135900
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. PAUL POOL
Full Name (Last, First, Middle Initial)
Mailing Address 2818513300
City HOUSTON State TX Zip Code 77094-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
2818513300 2818513300
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.103611
Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. PAUL POOL
Full Name (Last, First, Middle Initial)
Mailing Address 2818513300
City HOUSTON State TX Zip Code 77094-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
2818513300 2818513300
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11.105112
Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 418 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY PORTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 MILITIA HILL ROAD
 GARY@GARYPORTER.COM
 City WARRINGTON State PA Zip Code 18976-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.123934
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. RICHARD PORTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 875 BRYANT AVENUE
 City WINNETKA State IL Zip Code 60093-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KIRKLAND & ELLIS Occupation LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.102907
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. HENRY POWNALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 SW 7TH. AVENUE
 City FORT LAUDERDALE State FL Zip Code 33315-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESS OF INVESTING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11.110993
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 419 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES POYTHRESS
Full Name (Last, First, Middle Initial)

Mailing Address 601 SQUAW CREEK ROAD
POY6424@MAC.COM

City State Zip Code
WILLOW PARK TX 76087-8249

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 29 / 2015
Transaction ID : SA11.118820

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. JAMES POYTHRESS
Full Name (Last, First, Middle Initial)

Mailing Address 601 SQUAW CREEK ROAD
POY6424@MAC.COM

City State Zip Code
WILLOW PARK TX 76087-8249

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.123938

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. CURTIS PREJEAN
Full Name (Last, First, Middle Initial)

Mailing Address 2811

City State Zip Code
SHREVEPORT LA 71106-

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

Name of Employer Occupation
RED RIVER CV SURGEONS AND MY COMPA PHYSICIAN AND RIFLE/ AR -15 BUILDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.123848

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 420 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. PETER E. PREOVOLOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9304 VIENTO FURTE WAY
 PETER.PREOVOLOS@ALPHA-OMEGA-INC.CO
 City LA MESA State CA Zip Code 91941-6820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALPHA & OMEGA FINANCIAL MANAGEMENT Occupation BENEFITS COSULTANT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.118941
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. HOMER PRESSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 HUNINGTON CHASE DRIVE
 City MADISON State AL Zip Code 35758-6921
 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 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133396
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. DAVID PRINTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 DAYS COVE LANE
 DLPROCK@VERIZON.NET
 City DAMARISCOTTA State ME Zip Code 04543-4068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL PROFESSIONAL SERVICES Occupation HEALTHCARE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119072
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 421 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID PRIOR
Full Name (Last, First, Middle Initial)

Mailing Address 1564

City GLENDALE State CA Zip Code 91208-

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

Name of Employer SELF Occupation FILMMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.106412

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

B. MR. ANTHONY N. PRITZKER
Full Name (Last, First, Middle Initial)

Mailing Address 11111 SANTA MONICA BOULEVARD SUITE 1650

City LOS ANGELES State CA Zip Code 90025-3350

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

Name of Employer PRITZKER GROUP Occupation MANAGING PARTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 05 / 2015
Transaction ID : SA11.111420

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

C. MARILYN PROSPERO
Full Name (Last, First, Middle Initial)

Mailing Address 4209 LAKE MEADOW WAY

City LOUISVILLE State TN Zip Code 37777-3031

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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135927

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10750.00

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 422 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CAROLINE PROVO
Full Name (Last, First, Middle Initial)

Mailing Address 8812 LINDEN DRIVE

City PRAIRIE VILLAGE State KS Zip Code 66207-2222

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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133403

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. DIANE K. PULITO
Full Name (Last, First, Middle Initial)

Mailing Address 15295 CORSINI LN

City NAPLES State FL Zip Code 34110-2707

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

Name of Employer SELF Occupation HEALTH COACH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.100168

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. STEVEN PULLAN
Full Name (Last, First, Middle Initial)

Mailing Address 9360 W. FLAMINGO RD., STE. 110-554

City LAS VEGAS State NV Zip Code 89147-6410

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

Name of Employer WESTERN INTL. SECURITIES Occupation INVESTMENT BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.109006

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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 423 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN QUALY
Full Name (Last, First, Middle Initial)

Mailing Address 13 BRENTMOOR PARK

City Clayton State MO Zip Code 63105-3067

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 ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.128812

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. NOBLE QUANDEL, JR.
Full Name (Last, First, Middle Initial)

Mailing Address 230 SOUTH 15TH STREET

City POTTSVILLE State PA Zip Code 17901-3313

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

Name of Employer QUANDEL ENTERPRISES, INC. Occupation CONSTRUCTION EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.131980

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. RONALD N. QUINN
Full Name (Last, First, Middle Initial)

Mailing Address 9904 BROADMOOR RD

City OMAHA State NE Zip Code 68114-4927

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

Name of Employer TENASKA INC Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.137050

Amount of Each Receipt this Period 1500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 424 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. SEAN QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3405 N 143RD CIR
 City OMAHA State NE Zip Code 68164-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 11 / 12 / 2015
Transaction ID : SA11.137208
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

B. ROB RABAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16942 CORAL CAY LANE
 City HUNTINGTON BEACH State CA Zip Code 92649-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDUSTRIAL VALCO INC Occupation PRESIDENT - INDUSTRIAL WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.128813
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RON RAINEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 SOUTH BEVERLY DR. #300
 City BEVERLY HILLS State CA Zip Code 90212-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RON RAINEY MANAGEMENT, INC. Occupation PERSONAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : SA11.110327
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 425 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS RANDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1629 LAKE RD.
 TOMRANDLER@GMAIL.COM
 City YOUNGSTOWN State NY Zip Code 14174-9724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USEM Occupation VICE PRESIDENT MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123915
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DEBBIE RANKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3792 VINYARD TRACE NE
 City MARIETTA State GA Zip Code 30062-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COTTAGE IN THE PARK...THE SERIES Occupation AUTHOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.123956
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. SARA RATHJEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16905 PALISADES DRIVE
 City OMAHA State NE Zip Code 68136-4220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIRST NATIONAL BANK OF OMAHA Occupation TAX ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.106087
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 426 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL RAULET
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 DELLWOOD DRIVE
 City ATLANTA State GA Zip Code 30305-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 08 / 2015
Transaction ID : SA11.137527
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. CHARLES RAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1961 CALIFORNIA STREET
 City SAN FRANCISCO State CA Zip Code 94109-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.135952
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CLARENCE RAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BLUE BIRD
 City WHITE OAK State TX Zip Code 75693-3200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELTA AIRLINES Occupation RETIERD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.133421
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 427 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. OGALE RAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3481 ROCKCLIFF PLACE
 City LONGWOOD State FL Zip Code 32779-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARKETQ, INC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128300
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. RANDY RAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3481 ROCKCLIFF PLACE
 RANDY.RAY@FFIHQ.COM
 City LONGWOOD State FL Zip Code 32779-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARKETQ, INC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119081
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. MICHAEL RAYMOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 14009 IMAGE LAKE CT.
 City FORT MYERS State FL Zip Code 33907-1824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLORIDA CANCER SPECIALISTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.123887
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 428 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. EDWARD REDPATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 GODDARD ROAD, P.O. BOX 202
 City NORWICH State VT Zip Code 05055-0202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLDWELL BANKER REDPATH & CO., REAL Occupation REALTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129946
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. MR. JOHN T. REED
 Full Name (Last, First, Middle Initial)
 Mailing Address 11336 PINE ST
 City OMAHA State NE Zip Code 68144-1883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137214
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. RICK REES
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 VETERANS BLVD SUITE 1020
 City METAIRIE State LA Zip Code 70005-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LONGUEVUE CAPTIAL, LLC Occupation PRIVATE EQUITY PROFESSIONAL
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11.127061
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| 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 429 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PHILIP REESE
Full Name (Last, First, Middle Initial)

Mailing Address 5601 KENNETT PIKE
PSR404@COMCAST.NET

City WILMINGTON State DE Zip Code 19807-1711

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 ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119120

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. DEBBIE REGER
Full Name (Last, First, Middle Initial)

Mailing Address 2708 PALM DR.
B

City BILLINGS State MT Zip Code 59102-0512

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

Name of Employer SELF Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119107

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. WERNER J. REINARTZ
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1710

City BETHLEHEM State PA Zip Code 18016-1710

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

Name of Employer REYNOLDS & REYNOLDS ELECTRONICS INC Occupation SALES & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 27 / 2015
Transaction ID : SA11.104579

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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 430 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. DONALD REINHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 HARVARD AVE
 City PALMERTON State PA Zip Code 18071-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.126803
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MR. DONALD REINHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 HARVARD AVE
 City PALMERTON State PA Zip Code 18071-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.126804
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. AUGUST REITER, III
 Full Name (Last, First, Middle Initial)
 Mailing Address 9650 BUSINESS CENTER DR.
 City RANCHO CUCAMONGA State CA Zip Code 91730-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REALESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123842
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 431 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY REZEAU
Full Name (Last, First, Middle Initial)

Mailing Address 3930 TURKEY POINT DRIVE

| | | |
|-------------------|-------------|------------------------|
| City MELBOURNE | State FL | Zip Code 32934-8533 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer DELTA AIR LINES, INC. | Occupation COMMERCIAL PILOT [RETIRED] |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123935

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. JAMES R. RHEMER
Full Name (Last, First, Middle Initial)

Mailing Address 40 TOPAZ WAY

| | | |
|-----------------------|-------------|------------------------|
| City SAN FRANCISCO | State CA | Zip Code 94131-2534 |
|-----------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.107080

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

C. JAMES L. RHODEN JR
Full Name (Last, First, Middle Initial)

Mailing Address N. PARK PL

| | | |
|-----------------|-------------|--------------------|
| City ATLANTA | State GA | Zip Code 30339- |
|-----------------|-------------|--------------------|

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

| | |
|---------------------------------|--------------------------|
| Name of Employer FUTREN CORP | Occupation MANAGEMENT |
|---------------------------------|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137565

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1650.00 |
| 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 432 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DANIEL RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14742 MCKENDREE
 DANRICE88@YAHOO.COM
 City PACIFIC PALISADES State CA Zip Code 90272-2630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118856
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. DON RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9444 SW 56 ST
 City DENTON State NE Zip Code 68339-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OWNER URGENT CARE / STATE GOV. CONSULTANT Occupation PHYSICIAN / STATE EMS MEDICAL DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 28 / 2015**
Transaction ID : SA11.126828
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

C. LOREN RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 WESTLAKE DRIVE
 City AUSTIN State TX Zip Code 78746-5306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : SA11.126092
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 433 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LOREN RICE
Full Name (Last, First, Middle Initial)

Mailing Address 300 WESTLAKE DRIVE

| | | |
|----------------|-------------|------------------------|
| City AUSTIN | State TX | Zip Code 78746-5306 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.129959

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. PAUL D. RICE
Full Name (Last, First, Middle Initial)

Mailing Address 466 GLYN TAWEL DR

| | | |
|-------------------|-------------|------------------------|
| City GRANVILLE | State OH | Zip Code 43023-1528 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------|----------------------|
| Name of Employer SELF | Occupation LAWYER |
|--------------------------|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.109840

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. CHRIS RICHARDSON
Full Name (Last, First, Middle Initial)

Mailing Address 2404 VISTA COVE ROAD
BILLYRICHARDSON2@COMCAST.NET

| | | |
|-------------------------|-------------|------------------------|
| City SAINT AUGUSTINE | State FL | Zip Code 32084-3068 |
|-------------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11.118875

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 434 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. HETTIG RICHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550-136 PACIFIC COAST HWY
 DHETTIG@SBCGLOBAL.NET
 City TORRANCE State CA Zip Code 90505-7815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 15 / 2015
Transaction ID : SA11.118887
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. RICHARD RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 N MILL ROAD
 City KENNETT SQUARE State PA Zip Code 19348-1699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107971
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

C. RICK RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 BEACH DR.
 City GULF BREEZE State FL Zip Code 32561-4103
 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 ▼ 0.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11.123897
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 435 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN RICHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 179 EAST LAKE SHORE DRIVE
 301
 City CHICAGO State IL Zip Code 60611-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.124045
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MARY ANN RICHMOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 E CAMPUS AVE, APT 321
 City CHESTERTOWN State MD Zip Code 21620-1704
 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 ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.128822
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. M H RICHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 SUNNY LANE
 MIRICHTER2004@AOL.COM
 City BELLEAIR State FL Zip Code 33756-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUPS, AND MI GALLERY Occupation OWNER 2 RETAIL STORE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 11 / 2015
Transaction ID : SA11.119012
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 436 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES RINEHIMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 ORCHARD ROAD
 City PERKASIE State PA Zip Code 18944-2422
 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 **0.00**

Date of Receipt **08 / 28 / 2015**
Transaction ID : SA11.126094
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. JENNIFER RIPPY
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 WINDLASS DR
 City WILMINGTON State NC Zip Code 28409-2030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 17 / 2015**
Transaction ID : SA11.137456
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. HELEN RISCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3540 COLGATE AVENUE
 City DALLAS State TX Zip Code 75225-5009
 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 **0.00**

Date of Receipt **08 / 10 / 2015**
Transaction ID : SA11.131468
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 437 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SCOTT RITCHIE III
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 HAMPTON RD
 SCOTT@RITCHIE-EXP.COM
 City EASTBOROUGH State KS Zip Code 67206-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RITCHIE EXPLORATION, INC Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 08 / 2015
Transaction ID : SA11.119087
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. TERRY RITZEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10001 NORTH ALDER SPRINGS DRIVE
 City TUCSON State AZ Zip Code 85737-8592
 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 ▼ 0.00

Date of Receipt
 08 / 08 / 2015
Transaction ID : SA11.103094
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. STEVEN K. RITZMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4015 N 195TH ST
 City OMAHA State NE Zip Code 68022-5239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN NATIONAL BANK Occupation BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 11 / 06 / 2015
Transaction ID : SA11.111475
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| 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 438 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES RIVERA
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 S. CORNICHE DULAC
 JFRINNO@YAHOO.COM
 City COVINGTON State LA Zip Code 70433-7256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOT ANSWERING Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : SA11.119010
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. RICHARD RIVERA
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 S PALM AVE
 City SARASOTA State FL Zip Code 34236-6791
 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 ▼ 0.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11.108923
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. ROGER ROBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 PICADILLY ROAD
 City PORT MATILDA State PA Zip Code 16870-7509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.123907
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 439 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. L.D. ROBBINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 WEST WALL ST. STE.1400 79701
 City MIDLAND State TX Zip Code 79701-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GEOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123986
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. LYNN ROBBINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 LADEAR TRAIL
 City CENTERVILLE State OH Zip Code 45459-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KHN Occupation NEUROSURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128317
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. DANIELLE ROBERTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 19360 RINALDI ST., #602
 City NORTHRIDGE State CA Zip Code 91326-1607
 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 ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.103562
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 440 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 8650 CHRISTIAN CEMETERY ROAD

City State Zip Code
BURTON TX 77835-6035

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

Name of Employer Occupation
PENN WEST PETROLEUM LTD MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11.130457

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. EDWARD ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 300 BOYLSTON ST
APT 1102

City State Zip Code
BOSTON MA 02116-3966

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

Name of Employer Occupation
MIT SLOAN SCHOOL PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.128319

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. JAMES ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 881 DOVER DR. STE. 360

City State Zip Code
NEWPORT BEACH CA 92663-6932

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

Name of Employer Occupation
INTERISK LIMITED INSURANCE CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.129979

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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 441 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY ROBERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 WAXWOOD LN
 City CARY State NC Zip Code 27518-9731
 FEC ID number of contributing federal political committee. C
 Name of Employer DAVID ALLEN COMPANY Occupation COMMERCIAL CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.137450
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MR. EDWARD N. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1120
 City PARK CITY State UT Zip Code 84060-1120
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103125
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. EDWARD N. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1120
 City PARK CITY State UT Zip Code 84060-1120
 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 0.00

Date of Receipt 10 / 14 / 2015
Transaction ID : SA11.111002
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 442 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JON ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 11051 VILLAGE SQUARE LN

| | | |
|-----------------|-------------|------------------------|
| City FISHERS | State IN | Zip Code 46038-4552 |
|-----------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer CAPITOL CONSTRUCTION | Occupation REAL ESTATE |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11.137421

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

B. L. AFTON ROCH
Full Name (Last, First, Middle Initial)

Mailing Address 2006 N ROBINWOOD DR

| | | |
|----------------|-------------|------------------------|
| City MUNCIE | State IN | Zip Code 47304-2857 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer NONE | Occupation HOMEMAKER |
|--------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.107057

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. PEGGY RODARMEL
Full Name (Last, First, Middle Initial)

Mailing Address 6230 WILSON RD

| | | |
|--------------------------|-------------|------------------------|
| City COLORADO SPRINGS | State CO | Zip Code 80919-3596 |
|--------------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11.136018

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6250.00 |
| 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 443 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JODY RODGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 COUNTRY FARM RD
 JODYETC@YAHOO.C
 City STRATHAM State NH Zip Code 03885-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.119035
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. RON RODGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 RESERVOIR STREET
 City CAMBRIDGE State MA Zip Code 02138-3335
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2015
Transaction ID : SA11.109093
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. CHRISTY ROEBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3345 E. 1ST STREET
 City LONG BEACH State CA Zip Code 90803-2607
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11.124025
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 444 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LINDA ROEHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2325 PARK GROVE DR.
 ROEHL.LINDA@GMAIL.COM
 City EUGENE State OR Zip Code 97408-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123978
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. CATHY ROGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2417 FULLER ROAD
 City WEST DES MOINES State IA Zip Code 50265-5603
 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 ▼ 0.00

Date of Receipt 08 / 23 / 2015
Transaction ID : SA11.104434
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. MRS. ROBERTA F. ROGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14515 W. GRANITE VALLEY DR. #E567
 City SUN CITY WEST State AZ Zip Code 85375-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110117
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: PAGE 445 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. MIKE ROLLAND

Mailing Address 11 MANCHESTER RD.

City State Zip Code
 AMHERST NH 03031-2545

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

Name of Employer Occupation
 THE VANGUARD CO. LLC PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 05 / 2015
Transaction ID : SA11.105452

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JOHN ROLLO

Mailing Address 9 LONGROVE LN

City State Zip Code
 DES PERES MO 63131-3954

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 ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.123997

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KARL ROMINE

Mailing Address 1110 HAWTHRONE HEIGHTS

City State Zip Code
 GREENSBORO GA 30642-4435

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 ▼ 0.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : SA11.108161

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

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 446 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. EDWARD M. ROOB
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 WOODBINE LN
 City NORTHBROOK State IL Zip Code 60062-3439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109656
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. BARBARA ROSAASEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30763 EAST SUNSET DR. SOUTH
 City REDLANDS State CA Zip Code 92373-7366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INTERIOR DESIGNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.129992
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. HOWARD ROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9460 WILSHIRE BLVD SUITE 310
 City BEVERLY HILLS State CA Zip Code 90212-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWARD ROSE AGENCY Occupation TALENT AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.110144
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 25750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 447 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LESLIE ROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 SOUTH OCEAN BLVD.
 3B
 City PALM BEACH State FL Zip Code 33480-4214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 21 / 2015
Transaction ID : SA11.124055
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. LOU ROSEBROCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 PONSBURY ROAD
 City MOUNT PLEASANT State SC Zip Code 29464-6603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LLOYD FLANDERS Occupation MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : SA11.108148
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DAVID A. ROSENZWEIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 BALSAM CT
 City BEDFORD State NH Zip Code 03110-4855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 26 / 2015
Transaction ID : SA11.111355
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 448 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM ROSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address P O BOX 975
 WGR11948@YAHOO.COM
 City SALADO State TX Zip Code 76571-0975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCLANE COMPANY INC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.119117
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. FLORENCE ROSSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 BARRETT'S MILL RD
 BROSSE47@COMCAST.NET
 City CONCORD State MA Zip Code 01742-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.119044
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. DANIEL ROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9222 S. BELL AVE.
 City CHICAGO State IL Zip Code 60643-6707
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136049
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

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|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3250.00 |
| 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 449 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOEL ROTONDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 WHEELING RD
 City WHEELING State IL Zip Code 60090-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TERRAZZO AND MARBLE SUPPLY COMPAN' Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11.137451
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. RENEE ROUSSELOT
 Full Name (Last, First, Middle Initial)
 Mailing Address 16255 VENTURA BLVD., STE. 800 STE. 625
 City ENCINO State CA Zip Code 91436-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123980
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JEFFREY ROVEGNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8878 LITTLE CREEK DR.
 City ROSEVILLE State CA Zip Code 95661-5965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MR. SPRINKLER Occupation CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : SA11.103734
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

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: (check only one) | PAGE 450 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MIKE ROW
Full Name (Last, First, Middle Initial)

Mailing Address 1 PERSHING PLAZA
FL 6

City JERSEY CITY State NJ Zip Code 07399-0001

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

Name of Employer BNY MELLON Occupation SECURITIES EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124005

Amount of Each Receipt this Period 500.00

Memo Item
CONTRIBUTION

B. DAVID ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 639 OLD US 52 SOUTH
DAVID@SMITHROWE.COM

City MOUNT AIRY State NC Zip Code 27030-8042

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

Name of Employer SMITH ROWE LLC Occupation HIGHWAY CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118918

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

C. ROBERT ROYCE
Full Name (Last, First, Middle Initial)

Mailing Address 1908 INVERNESS LN

City WILMINGTON State NC Zip Code 28405-6216

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 ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123903

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 451 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BORIS RUBASHKIN
Full Name (Last, First, Middle Initial)

Mailing Address 5100 SAN FELIPE
384

City HOUSTON State TX Zip Code 77056-3600

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

Name of Employer SELF Occupation PSYCHITRIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.118825

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. TYE RUBINS
Full Name (Last, First, Middle Initial)

Mailing Address 2073 SUNSET PLAZA DRIVE

City LOS ANGELES State CA Zip Code 90069-1317

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 ▼
0.00

Date of Receipt
07 / 29 / 2015
Transaction ID : SA11.102576

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. HOWARD RUBY
Full Name (Last, First, Middle Initial)

Mailing Address 2222 CORINTH AVE

City LOS ANGELES State CA Zip Code 90064-1602

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

Name of Employer OAKWOOD WORLDWIDE Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
11 / 10 / 2015
Transaction ID : SA11.111464

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| 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 452 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. YVETTE RUBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 CORINTH AVE
 City LOS ANGELES State CA Zip Code 90064-1602
 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 0.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.111463
 Amount of Each Receipt this Period 600.00
 Memo Item
 CONTRIBUTION

B. HARVEY S. RUDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 729 BUFF DR
 City ATLANTA State GA Zip Code 30342-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENSTONE PROPERTIES Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137563
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. JOHN RULLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1388 QUEENS WAY
 JRULLI@SIMON.COM
 City CARMEL State IN Zip Code 46032-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPG Occupation REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119049
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| 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 453 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. NICK RUNNEBOHM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3177 S. 375 E.
 City SHELBYVILLE State IN Zip Code 46176-9245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUNNEBOHM CONSTRUCTION COMPANY, II Occupation GENERAL CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110715
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. MR. NICK RUNNEBOHM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3177 S. 375 E.
 City SHELBYVILLE State IN Zip Code 46176-9245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUNNEBOHM CONSTRUCTION COMPANY, INC. Occupation GENERAL CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110857
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. MR. DANIEL P. RUPPRECHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 GLEN OAKS DR
 City WEST DES MOINES State IA Zip Code 50266-6631
 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 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137203
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| 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 454 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOE & MOIRA RUSSONIELLO

Full Name (Last, First, Middle Initial)
Mailing Address 999 GREEN STREET
1004

City SAN FRANCISCO State CA Zip Code 94133-3662

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

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.118988

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. CORY RUTH

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137567

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. WARREN RUTHERFORD

Full Name (Last, First, Middle Initial)
Mailing Address 8600 SKYLINE DRIVE
1149

City DALLAS State TX Zip Code 75243-4198

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

Name of Employer RETIRED Occupation REITED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.132444

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 455 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CONSTANCE MARY RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3830 S 176TH CIR
 City OMAHA State NE Zip Code 68130-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STRECK INC. PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11.111471
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 CONTRIBUTION

B. JAMES D RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20270 CHAPEL TRACE
 City ESTERO State FL Zip Code 33928-2988
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123994
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MICHAEL RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5521 HIGH DRIVE
 City MISSION HILLS State KS Zip Code 66208-1122
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : SA11.131480
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2750.00 |
| 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 456 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CHARLES SADER
Full Name (Last, First, Middle Initial)

Mailing Address 818 W 19TH AVE
CASADER@COX.NET

City HUTCHINSON State KS Zip Code 67502-4126

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 ▼ 0.00

Date of Receipt
08 / 22 / 2015
Transaction ID : SA11.118915

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. STEPHANIE SALVAGNO
Full Name (Last, First, Middle Initial)

Mailing Address 1236 SUMMERFIELD DRIVE

City HERNDON State VA Zip Code 20170-4114

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

Name of Employer COVESTRO LLC Occupation SENIOR MGR, POLITICAL AFFAIRS AND PO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11.106240

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. MR. MICHAEL SALZHAUER
Full Name (Last, First, Middle Initial)

Mailing Address 589 BROADWAY

City NEW YORK State NY Zip Code 10012-3231

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

Name of Employer BENJAMIN PARTNERS Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11.108888

Amount of Each Receipt this Period
1200.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1700.00 |
| 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 457 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. MICHAEL SALZHAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 589 BROADWAY
 City NEW YORK State NY Zip Code 10012-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BENJAMIN PARTNERS Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130016
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. IRWIN SAMELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 PRINCEVILLE LN
 City LAS VEGAS State NV Zip Code 89113-1369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.108564
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. DENNY SANFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 E VISTA BONITA DR, SUITE 232
 City SCOTTSDALE State AZ Zip Code 85255-3202
 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 ▼ 0.00

Date of Receipt 07 / 01 / 2015
Transaction ID : SA11.125638
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 458 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRED SANFORD
Full Name (Last, First, Middle Initial)

Mailing Address 1 SANTA CRUZ

City SANTA BARBARA State CA Zip Code 93109-2053

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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : SA11.105200

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. APRIL SANSOM
Full Name (Last, First, Middle Initial)

Mailing Address 9742 U.S. HIGHWAY 287 E
APRILMSANSOM@YAHOO.COM

City CORRIGAN State TX Zip Code 75939-8403

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

Name of Employer NONE Occupation R.N. - RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11.118944

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. JOHN SANTANIELLO
Full Name (Last, First, Middle Initial)

Mailing Address 102 MONARCH BAY DR.
JDS194@COX.NET

City DANA POINT State CA Zip Code 92629-3430

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

Name of Employer SELF Occupation RETIRED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.119033

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 459 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STUART SARGENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 12309 EMORY OAK LANE
 City AUSTIN State TX Zip Code 78738-5602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRULUCK'S Occupation RESTAURANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.136094
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

B. VICTORIA SAUNDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 NORTH OCEAN DRIVE 902A
 City SINGER ISLAND State FL Zip Code 33404-4733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRYSALIS INSTITUTE Occupation COMMUNITY VOLUNTEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : SA11.119095
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 CONTRIBUTION

C. NORMAN R. SAWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 NORTH UNION STREET GAS@JFLPARTNERS.COM
 City ALEXANDRIA State VA Zip Code 22314-2304
 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 **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118945
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 460 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM SCHEIBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 17048 HUNTING MEADOWS SUITE 201
 City STRONGSVILLE State OH Zip Code 44136-6267
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.130028
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MR. PAUL J. SCHIERL
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 N. WASHINGTON ST STE 450
 City GREEN BAY State WI Zip Code 54301-4257
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.110802
 Amount of Each Receipt this Period
 2450.00
 Memo Item
 CONTRIBUTION

C. MARK SCHIFRIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8606 BEECH TREE ROAD
 City BETHESDA State MD Zip Code 20817-2905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORFG OPERATIONS LLC
 Occupation EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11.123885
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2950.00 |
| 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 461 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARK SCHMIDT
Full Name (Last, First, Middle Initial)

Mailing Address 3063 JAY STREET

City ROOTSTOWN State OH Zip Code 44266-9506

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

Name of Employer LAFARGE Occupation ENVIRONMENTAL MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.130033

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. WILLIAM SCHMIDT
Full Name (Last, First, Middle Initial)

Mailing Address 312 WOODBINE DR.
SCHMITT_ALVIN@YAHOO.COM

City BLACKSBURG State VA Zip Code 24060-1442

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

Name of Employer WILLIAM G. SCHMIDT ADVERTISING & PR, I Occupation ADVERTISING AGENCY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.119014

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. KIRBY SCHNELL
Full Name (Last, First, Middle Initial)

Mailing Address 2258 MISSION WAY

City PRESCOTT State AZ Zip Code 86301-4310

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 ▼ 0.00

Date of Receipt
09 / 23 / 2015
Transaction ID : SA11.108022

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 462 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARTY SCHNEIDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 CONIFER CIR NE
 City ATLANTA State GA Zip Code 30342-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISTAR VEHICLE SALES Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137564
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. SHARON SCHOENECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 13350 W FOXWOOD DR.
 SHSRONASCHOENECK@AOL.COM
 City NEW BERLIN State WI Zip Code 53151-4598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCHOENECK CONTAINERS INC Occupation BUSINESS OWNET
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118934
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. LISA J. SCHOMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 FAIRWAY LN
 City LITTLETON State CO Zip Code 80123-6616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCHOMP AUTOMOTIVE Occupation AUTODEALER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130036
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 463 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VALERIE SCHOOLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 OAKSHIRE PLACE
 VSCHOOLEY@SBCGLOBAL.NET
 City ALAMO State CA Zip Code 94507-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EXCEPTIONAL DESIGN, INC Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118949
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. JOEL P. SCHRANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4231 POINT LA VISTA RD
 City JACKSONVILLE State FL Zip Code 32207-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAPTIST MEDICAL CENTER Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11.105067
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

C. TODD SCHUSTERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6806 HIGHLAND PINES CIRCLE
 TODD@DIAMONDDISTRICTUSA.COM
 City FORT MYERS State FL Zip Code 33966-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE DIAMOND DISTRICT Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.118845
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 464 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. PATRICIA SCHUTTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4410 COUGAR RD
 City LIPAN State TX Zip Code 76462-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **0.00**

Date of Receipt: **10 / 01 / 2015**
Transaction ID : SA11.110121
 Amount of Each Receipt this Period: **500.00**
 Memo Item
CONTRIBUTION

B. MR. JOHN H. SCHWAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 WATERGATE DR
 City SOUTH BARRINGTON State IL Zip Code 60010-7125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **INFORMATION REQUESTED PER BEST EFFORTS** Occupation: **INFORMATION REQUESTED PER BEST EFF**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **0.00**

Date of Receipt: **11 / 19 / 2015**
Transaction ID : SA11.137142
 Amount of Each Receipt this Period: **250.00**
 Memo Item
CONTRIBUTION

C. WILLIAM SCHWAB
 Full Name (Last, First, Middle Initial)
 Mailing Address 3150 E 4TH AVE
 City DURANGO State CO Zip Code 81301-4306
 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 **0.00**

Date of Receipt: **09 / 24 / 2015**
Transaction ID : SA11.127297
 Amount of Each Receipt this Period: **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 465 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT SCINTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CORPORATE DR.
 BOB@SCINTO.COM
 City SHELTON State CT Zip Code 06484-6207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 10 / 2015
Transaction ID : SA11.119114
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. RICHARD SCIORTINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 ASHLAND AVE
 City WILMETTE State IL Zip Code 60091-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRINSHORE DEVELOPMENT Occupation REAL ESTATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.106892
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. BENJAMIN SCOGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 E STREET
 City SPRINGFIELD State OR Zip Code 97477-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERNATIONAL FITNESS Occupation GYM MANAGER / MUAY THAI COACH / ATTC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.106409
 Amount of Each Receipt this Period
 420.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1670.00 |
| 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 466 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. HUGH E. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 PINE AVE
 City BELVEDERE State CA Zip Code 94920-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 07 / 2015
Transaction ID : SA11.125582
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. SHAWN AND CHRYSTAL SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1427 BEN DRIVR SRS_1227@YAHOO.COM
 City IRVING State TX Zip Code 75061-7815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOWER MOUND PEST CONTROL Occupation SELF EMPLOYED/ BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118853
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MR. WALTER SCOTT JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 KIEWIT PLAZA
 City OMAHA State NE Zip Code 68131-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEVEL 3 COMMUNICATIONS Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137199
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 467 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUZANNE SCRAPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 RED MOUNTAIN DAM DR.
 City FALLBROOK State CA Zip Code 92028-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCW CONTRACTING CORP Occupation OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11.123976
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DOUGLAS SCRIVNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25461 W. FREMONT RD.
 City LOS ALTOS HILLS State CA Zip Code 94022-3538
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.132458
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

C. MR. EDWARD E. SEASTRAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 KESWICK LANE
 City CROSSVILLE State TN Zip Code 38558-2880
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11.110162
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10500.00 |
| 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 468 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. MR. DAVID F. SEELE

Mailing Address 2712 STILL CREEK DRIVE

City State Zip Code
 ZIONSVILLE IN 46077-1195

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

Name of Employer Occupation
 NA RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11.110726

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WILLIAM SEIPP

Mailing Address 1130 RIDGEWAY MEADOW DR.
 BILL.SEIPP@SBCGLOBAL.NET

City State Zip Code
 ELLISVILLE MO 63021-6091

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

Name of Employer Occupation
 CITIGROUP BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : SA11.118940

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ROBERT SEKLEMIAN

Mailing Address 4505 S YOSEMITE ST, UNIT 124

City State Zip Code
 DENVER CO 80237-2519

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 ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.124011

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

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 469 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VICTOR SELLIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 CLARKS BRANCH RD
 City State Zip Code
 GREAT FALLS VA 22066-4157
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : SA11.104309
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. JOHN SEVCIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 EAST HURON STREET
 3201
 City State Zip Code
 CHICAGO IL 60611-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.118961
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. JOHN SEVCIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 EAST HURON STREET
 3201
 City State Zip Code
 CHICAGO IL 60611-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2015
Transaction ID : SA11.118982
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 470 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES SEVEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 FOREST AVE.
 City BANGOR State ME Zip Code 04401-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DENTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.128855
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BILL SEWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 NEW BRIDGE ST
 City JACKSONVILLE State NC Zip Code 28540-5430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLATINUM CORRAL Occupation PRESIDENT/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.137055
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. REBECCA SHANAHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 VIA TUSCANY
 City WINTER PARK State FL Zip Code 32789-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AVELLA SPECIALTY PHARMACY Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.130727
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 471 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANNE K. SHANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6355 N OXBOW WAY
 City INDIANAPOLIS State IN Zip Code 46220-7109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BIOCROSSROADS Occupation PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137409
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. THOMAS SHANNON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 WEST 44TH STREET
 City NEW YORK State NY Zip Code 10036-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAMF Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103217
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. FLORENCE SHAPIRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2156 FAWNWOOD DR.
 City PLANO State TX Zip Code 75093-1302
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136173
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 472 OF 1266 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. J W SHARMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 FERNDALE
 City HOUSTON State TX Zip Code 77098-1116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANCASTER GROUP INC. Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11.104300
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MR. JACK A. SHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 MAPLE KNOLL RD
 City COLDWATER State MI Zip Code 49036-7816
 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 ▼ 0.00

Date of Receipt 10 / 14 / 2015
Transaction ID : SA11.111011
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WILLIAM SHAW,MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 VINTAGE OAKS CI.
 City DELRAY BEACH State FL Zip Code 33484-6419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.136180
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 473 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. THOMAS SHEPHERD | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2015 Transaction ID : SA11.118970 |
| Mailing Address 918 BREAKWATER DRIVE TOM3645@GMAIL.COM | | Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| City FORT COLLINS State CO Zip Code 80525-3345 | FEC ID number of contributing federal political committee. C | |
| Name of Employer SCLLC Occupation CONSULTANT | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. DIANE D. SHERMAN | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2015 Transaction ID : SA11.105681 |
| Mailing Address 9475 N SNAKE RIVER DR | | Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| City JACKSON State WY Zip Code 83001-9347 | FEC ID number of contributing federal political committee. C | |
| Name of Employer NONE Occupation RETIRED | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. MR. ROBERT J. SHILLMAN | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11.109231 |
| Mailing Address P.O. BOX 676267 | | Amount of Each Receipt this Period 25000.00 <input type="checkbox"/> Memo Item CONTRIBUTION |
| City RANCHO SANTA FE State CA Zip Code 92067-6267 | FEC ID number of contributing federal political committee. C | |
| Name of Employer COGNEX CORPORATION Occupation EXECUTIVE | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 26250.00 |
| TOTAL This Period (last page this line number only)..... | 26250.00 |

**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 474 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DEBRA SHIVERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3616 LEXINGTON AVE
 DCATJS@GMAIL.COM
 City DALLAS State TX Zip Code 75205-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SMALL BUSINESS MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.118890
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MITCHELL SHIVERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7128 SE GREENVIEW PLACE
 City HOBE SOUND State FL Zip Code 33455-8041
 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 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.123888
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JAMES SHOCKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2530
 DSHOCKEY@SHOCKEYCOMPANIES.COM
 City WINCHESTER State VA Zip Code 22604-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHOCKEY COMPANIES Occupation CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119086
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 475 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALLAN SHULKIN
Full Name (Last, First, Middle Initial)

Mailing Address 7777 FOREST LANE

City DALLAS State TX Zip Code 75230-2571

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

Name of Employer A N SHULKIN MDPA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.107247

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

B. MR. ALLEN SIDOR
Full Name (Last, First, Middle Initial)

Mailing Address 38 SAN SIMEON

City LAGUNA NIGUEL State CA Zip Code 92677-7950

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

Name of Employer CDS MOVING EQUIPMENT, INC. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130061

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. JENEANNE SIECK
Full Name (Last, First, Middle Initial)

Mailing Address 3239 TWIN LAKES LANE

City SANIBEL State FL Zip Code 33957-5505

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128350

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 476 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARC J. SIEGEL
Full Name (Last, First, Middle Initial)

Mailing Address 171 MATAWAN AVE

City MATAWAN State NJ Zip Code 07747-2638

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

Name of Employer MARC ASSOCIATES, LLC Occupation REAL ESTATE MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.111482

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

B. ART SILVA
Full Name (Last, First, Middle Initial)

Mailing Address 753 DEERFIELD DR

City SIOUX CITY State IA Zip Code 51108-9514

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

Name of Employer BOYS & GIRLS HOME AND FAMILY SVCS Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.137504

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. GREGORY SIMON
Full Name (Last, First, Middle Initial)

Mailing Address 2680 PEPPER TREE RANCH ROAD
AIROPER@MAC.COM

City SANTA YNEZ State CA Zip Code 93460-9182

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118898

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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 477 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GREGORY SIMON
Full Name (Last, First, Middle Initial)

Mailing Address 2680 PEPPER TREE RANCH ROAD
AIROPER@MAC.COM

City SANTA YNEZ State CA Zip Code 93460-9182

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
10 / 16 / 2015
Transaction ID : SA11.124382

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. JUDITH H. SINGLETON
Full Name (Last, First, Middle Initial)

Mailing Address 7820 HOLLY CREEK LN

City INDIANAPOLIS State IN Zip Code 46240-2825

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
11 / 25 / 2015
Transaction ID : SA11.137404

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. WILLIAM SINNOTT
Full Name (Last, First, Middle Initial)

Mailing Address 10100 N ALDER SPRINGS DR.
BILLSINNOTT1@ME.COM

City ORO VALLEY State AZ Zip Code 85737-9494

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 ▼ 0.00

Date of Receipt
08 / 15 / 2015
Transaction ID : SA11.118889

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 478 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARION SKALICKY
Full Name (Last, First, Middle Initial)

Mailing Address 6009 STERLING RIVER WAY

| | | |
|-------------------|-------------|------------------------|
| City NICEVILLE | State FL | Zip Code 32578-1521 |
|-------------------|-------------|------------------------|

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

| | |
|---------------------------------------|-------------------------------------|
| Name of Employer RUCKEL PROPERTIES | Occupation REAL ESTATE DEVELOPER |
|---------------------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 24 | | 2015 |

Transaction ID : SA11.108169

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. JON SLATER
Full Name (Last, First, Middle Initial)

Mailing Address 31413 HIGHLAND AVE.

| | | |
|------------------|-------------|------------------------|
| City REDLANDS | State CA | Zip Code 92374-8232 |
|------------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer OPTIVUS PROTON THERAPY, INC. | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 01 | | 2015 |

Transaction ID : SA11.105152

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. DAVID SLEAR
Full Name (Last, First, Middle Initial)

Mailing Address 4425 FAIRFAX AVE
DAVESLEAR@YAHOO.COM

| | | |
|----------------|-------------|------------------------|
| City DALLAS | State TX | Zip Code 75205-3005 |
|----------------|-------------|------------------------|

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

| | |
|---|-----------------------|
| Name of Employer WALTER INVESTMENT MGMT CORP | Occupation BANKING |
|---|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 10 | | 2015 |

Transaction ID : SA11.119032

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| 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 479 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TIM SLEETH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4634 ORTEGA FOREST DRIVE
 City JACKSONVILLE State FL Zip Code 32210-5823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SMITH HULSEY & BUSEY Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133531
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. TIMOTHY SLOAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 WOODSTOCK RD
 City SAN MARINO State CA Zip Code 91108-1061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WELLS FARGO & CO Occupation BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11.106012
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. JAMES SMIRL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 880
 City UPLAND State CA Zip Code 91785-0880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANGUARD BUILDERS, INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.110558
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3750.00 |
| 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 480 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ALBERT SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3694 GRAYSON LN
 City BEAUMONT State TX Zip Code 77713-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PSYCHOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.110297
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BOYD SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 COLERIDGE AVENUE
 City PALO ALTO State CA Zip Code 94301-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WSJ PROPERTIES Occupation REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 07 / 29 / 2015
Transaction ID : SA11.124589
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. DONALD SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 288 HUBBARD RD
 DHMCOMAN@YAHOO.COM
 City NEWTON State AL Zip Code 36352-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIXIE HORSE & MULE CO Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119066
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 481 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GERALD SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 549 MERRIMANS LANE

City WINCHESTER State VA Zip Code 22601-6207

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

Name of Employer PRESIDENT Occupation VALLEY PROTEINS, INC.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136243

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

B. JAMES SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 7025 KETTERING LN

City SUWANEE State GA Zip Code 30024-5350

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

Name of Employer J&J MANAGEMENT SERVICE INC Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11.102653

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. JAMES SMITH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5259

City EAGLE State CO Zip Code 81631-5259

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 23 / 2015
Transaction ID : SA11.110521

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| 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 482 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES M. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 ARROWHEAD CT
 City State Zip Code
 MANHASSET NY 11030-4413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11.105714
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. JAMES M. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 ARROWHEAD CT
 City State Zip Code
 MANHASSET NY 11030-4413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.109849
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. REBECCA SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 SADDLE BROOKE DR
 City State Zip Code
 DALLAS GA 30132-8342
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : SA11.102661A
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION
 CHARGED BACK \$1,000.00 ON 07/31/2015

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 483 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. REBECCA SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 270 SADDLE BROOKE DR

City DALLAS State GA Zip Code 30132-8342

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 ▼ 0.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11.102661B

Amount of Each Receipt this Period -1000.00

Memo Item CONTRIBUTION

CHARGED BACK

B. RIORDON SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 60 BOW STREET

City EAST GREENWICH State RI Zip Code 02818-2219

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 ▼ 0.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11.108377

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ROBERT SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 60025 RIDGEVIEW DRIVE EAST

City BEND State OR Zip Code 97702-9447

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

Name of Employer TSI MANUFACTURING LLC Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123904

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ -500.00

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 484 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. ROBERT G. SMITH JR.
Full Name (Last, First, Middle Initial)

Mailing Address 2254 E. SENTRY RIDGE CT

City TUCSON State AZ Zip Code 85718-7863

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

Name of Employer SOUTHWEST ENERGY LLC Occupation MINING ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110107

Amount of Each Receipt this Period 500.00

Memo Item
CONTRIBUTION

B. STEFAN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1992 KIRBYWILLS COVE
SSMITH@LEXUSOFMEMPHIS.COM

City MEMPHIS State TN Zip Code 38119-6426

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

Name of Employer LEXUS OF MEMPHIS Occupation AUTOMOBILE DEALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118868

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

C. THOMAS SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 50 TRELIS GATE STREET

City THE WOODLANDS State TX Zip Code 77382-1190

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

Name of Employer GALLOWAY,JOHNSON LAW FIRM Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.106339

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 485 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS W. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 BUTTS RD
 SUITE 320
 City BOCA RATON State FL Zip Code 33431-7453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRESCOTT INVESTORS INC Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : SA11.106048
 Amount of Each Receipt this Period **10000.00**
 Memo Item
 CONTRIBUTION

B. F L SMOTHERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 CAVAZOS CT.
 City THE VILLAGES State FL Zip Code 32162-7565
 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 **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.133546
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION

C. ALBERT SNEED
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 RACQUETCLUB RD.
 City ASHEVILLE State NC Zip Code 28803-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAN WINKLE LAW FIRM Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 10 / 2015**
Transaction ID : SA11.100232
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 CONTRIBUTION

| | |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional)..... | 101250.00 |
| 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 486 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JIM SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 304 MOCKINGNIRD GARDENS DR.

| | | |
|--------------------|-------------|------------------------|
| City LOUISVILLE | State KY | Zip Code 40207-5701 |
|--------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.130094

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ROBERT SNYDERS
Full Name (Last, First, Middle Initial)

Mailing Address 3914 EAST EDEN ROC CIRCLE

| | | |
|---------------|-------------|------------------------|
| City TAMPA | State FL | Zip Code 33634-7418 |
|---------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106343

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. RICHARD E. SOLOMON
Full Name (Last, First, Middle Initial)

Mailing Address 610 5TH AVE STE 506

| | | |
|------------|-------------|------------------------|
| City NY | State NY | Zip Code 10020-2403 |
|------------|-------------|------------------------|

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

| | |
|---------------------------------------|--------------------------------|
| Name of Employer EAST END ADVISORS | Occupation MANAGING PARTNER |
|---------------------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.109567

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 487 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DANIEL E. SOMES
Full Name (Last, First, Middle Initial)

Mailing Address 1850 PASEO DEL LAGO LN
SOMESD@BELLSOUTH.NET

City VERO BEACH State FL Zip Code 32967-7260

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

Name of Employer RETIRED Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119052

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. GORDON W. SONDKER
Full Name (Last, First, Middle Initial)

Mailing Address 2537 NORTHLAKE AVE

City LONGVIEW State WA Zip Code 98632-4407

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
07 / 02 / 2015
Transaction ID : SA11.100164

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. JOHN SORIANO
Full Name (Last, First, Middle Initial)

Mailing Address 163 LINDEN STREET

City RIDGEWOOD State NJ Zip Code 07450-5042

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

Name of Employer CELGENE CORPORATION Occupation CHIEF COMPLIANCE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11.128363

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3300.00 |
| 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 488 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN SOWA
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 CENTER MEETING ROAD
 City State Zip Code
 CENTREVILLE DE 19807-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MYSELF HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : SA11.102675
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 CONTRIBUTION

B. STEPHANIE SPARAGNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4317 MAMMOTH AVENUE #1
 City State Zip Code
 SHERMAN OAKS CA 91423-3639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LACOUNTY ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.136267
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. THOMAS E. SPARKS JR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 472290
 City State Zip Code
 SAN FRANCISCO CA 94147-2290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PILLSBURY WINTHROP SHAW PITTMAN LLP ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : SA11.137735
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12250.00 |
| 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 489 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VICTORIA K. SPARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 NATASHA DR
 City NOBLESVILLE State IN Zip Code 46062-8464
 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 ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137393
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. JOHN SPAUSTAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10302 ROCKBROOK ROAD
 City OMAHA State NE Zip Code 68124-1853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WELLS FARGO
 Occupation ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123998
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. MRS. TANCY W. SPENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2728 COUNTRY LN
 City BILLINGS State MT Zip Code 59106-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER
 Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 23 / 2015
Transaction ID : SA11.137240
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|--|---------|
| 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 490 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TROY SPENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 N. GALE RD.
 City State Zip Code
 DAVISON MI 48423-8520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPEN-TECH MACHINE ENGINEERING CORP. DESIGN AND BUILD SPECIAL MACHINERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 11 / 2015
Transaction ID : SA11.131092
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DR. DAN SPENGLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 STANFORD DRIVE
 FLY8@AOL.COM
 City State Zip Code
 NASHVILLE TN 37215-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VANDERBILT MEDICAL DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 29 / 2015
Transaction ID : SA11.119068
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DR. DAN SPENGLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 STANFORD DRIVE
 FLY8@AOL.COM
 City State Zip Code
 NASHVILLE TN 37215-4236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VANDERBILT MEDICAL DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 12 / 2015
Transaction ID : SA11.119073
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: PAGE 491 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. HORTON S. SPITZER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1307
 City WILSON State WY Zip Code 83014-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.108759
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

B. KENNETH SPRINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 POWHATAN STREET
 City ALEXANDRIA State VA Zip Code 22314-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US ARMY Occupation DOD CIVILIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.136276
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. VICTOR STABIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 379 COOK STREET
 City DENVER State CO Zip Code 80206-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HALLADOR ENERGY COMPANY Occupation ENERGY EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.104161
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 10650.00
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 492 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAN STAEHLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 SPRINGBRIAR LANE
 DCSTAEHLE@OPTONLINE.NET
 City State Zip Code
 CENTEREACH NY 11720-4317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MORGAN STANLEY FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11.118985
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. RICHARD STAFFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 KEMP ROAD EAST
 City State Zip Code
 GREENSBORO NC 27410-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RHODES AND STAFFORD, INC. PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.136285
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. BRET STAGG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4184 WEST HIGHLAND FALL COURT
 City State Zip Code
 MERIDIAN ID 83646-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.136286
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: PAGE 493 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL STAHLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 W SEEBOTH ST UNIT 1106
 City MILWAUKEE State WI Zip Code 53204-4331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATALYST EXHIBITS Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.124062
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

B. KEVIN STALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 HOLSTER LANE
 KSTALEY@MAGELLANGRP.COM
 City BELL CANYON State CA Zip Code 91307-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MAGELLAN GROUP Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.118977
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MARK STALNECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 SELBORNE DR
 City WILMINGTON State DE Zip Code 19807-1215
 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 ▼ 0.00

Date of Receipt 07 / 24 / 2015
Transaction ID : SA11.100714
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 494 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD STARK
Full Name (Last, First, Middle Initial)

Mailing Address 915 EAST EAGLE LAKE DR.

City KALAMAZOO State MI Zip Code 49009-8426

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

Name of Employer KALAMAZOO ANESTHESIOLOGY, PC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.127310

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. JACLYN STARR EVANS
Full Name (Last, First, Middle Initial)

Mailing Address P O BOX 2887
DEVANS@DEVANS.NET

City CHELAN State WA Zip Code 98816-2887

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

Name of Employer SELF Occupation ELDERCARE PROVIDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118929

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. FREDRICK STATER
Full Name (Last, First, Middle Initial)

Mailing Address 2033 PINION SPRINGS DRIVE

City HENDERSON State NV Zip Code 89074-4115

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

Name of Employer TRONOX LLC Occupation MANAGER- CHEMICAL PLANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.123863

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 495 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARIA STATON
Full Name (Last, First, Middle Initial)

Mailing Address 16193 BRIDLEWOOD CIRCLE

City DELRAY BEACH State FL Zip Code 33445-6673

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

Name of Employer STATON CAPITAL Occupation INVETOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.123966

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. GAYLORD STAVELEY
Full Name (Last, First, Middle Initial)

Mailing Address 1117 E MARINA LANE
GLS@CANYONEERS.COM

City FLAGSTAFF State AZ Zip Code 86004-7841

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

Name of Employer CANYONEERS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.118972

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. GAYLORD STAVELEY
Full Name (Last, First, Middle Initial)

Mailing Address 1117 E MARINA LANE
GLS@CANYONEERS.COM

City FLAGSTAFF State AZ Zip Code 86004-7841

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

Name of Employer CANYONEERS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA11.123865

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 496 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PEGGY STEELE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6898 WINTER PEAK CRY
 PEGGYS30082@YAHOO.COM
 City TMNATH State CO Zip Code 80547-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEELE WORKS Occupation EXECITIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 08 / 10 / 2015
Transaction ID : SA11.118837
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOHN STEINER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX1803
 City PINETOP State AZ Zip Code 85935-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A LACEY PROPERTY LLC Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.133566
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. KENNETH STEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 WOODS WITCH LANE
 City CHAPPAQUA State NY Zip Code 10514-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENFIELD STEIN & SENIOR LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt
 09 / 20 / 2015
Transaction ID : SA11.127896
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 497 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARSHA STEIN, DVM
 Full Name (Last, First, Middle Initial)
 Mailing Address 8844 CR 272
 City SOMERVILLE State TX Zip Code 77879-4510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SNOOK VETERINARY CLINIC Occupation VETERINARIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.131512
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. JOHN STENACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12963 RATLIFF RUN
 City FISHERS State IN Zip Code 46037-6208
 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 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128369
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOE STEPHENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 BABBS HOLLOW
 City GREENVILLE State SC Zip Code 29607-3744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENVILLE HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 24 / 2015
Transaction ID : SA11.104478
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 498 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN STEPPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 SERRANO
 City State Zip Code
 ATHERTON CA 94027-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STOCKBRIDGE REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.136314
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. BRENDA STEVENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 21011 JAMES LONG COURT
 City State Zip Code
 RICHMOND TX 77406-6453
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.131096
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. MARK STEVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 450
 City State Zip Code
 SPRINGDALE UT 84767-0450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.136320
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 499 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN STEWART
 Full Name (Last, First, Middle Initial)
 Mailing Address 91-1068 WAIKAPOO ST
 City EWA BEACH State HI Zip Code 96706-6463
 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 0.00

Date of Receipt 09 / 06 / 2015
Transaction ID : SA11.105560
 Amount of Each Receipt this Period 610.00
 Memo Item
 CONTRIBUTION

B. MR. FRED J. STIFTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4849 SANTA MONICA BLVD
 City LOS ANGELES State CA Zip Code 90029-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINOLEUM CITY Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110777
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. CHARLES M. STOCKINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2845 OLD DRAKE CT.
 CMSTOCKINGER@BELLSOUTH.NET
 City SEABROOK ISLAND State SC Zip Code 29455-6239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOMAS ASSOCIATES, INC. Occupation RETIRED / CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118862
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1110.00 |
| 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 500 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KATE STOCKHAM
Full Name (Last, First, Middle Initial)

Mailing Address 6 PEACHTREE STREET

City BIRMINGHAM State AL Zip Code 35213-3018

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

Name of Employer SELF Occupation MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11.123961

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. DAVID L. STONE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 888

City PORTALES State NM Zip Code 88130-0888

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

Name of Employer JAMES POLK STONE COMMUNITY BANK Occupation BANK PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 26 / 2015
Transaction ID : SA11.109906

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. MR. ROGER W. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 1101 SKOKIE BLVD. SUITE 300

City NORTHBROOK State IL Zip Code 60062-4124

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

Name of Employer KAPSTONE PAPER AND PACKAGING CORP Occupation CHAIRMAN & C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 20 / 2015
Transaction ID : SA11.104492

Amount of Each Receipt this Period 2600.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3850.00 |
| 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 501 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. AND MR SHELDON M. STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12849 CHALON ROAD
 City State Zip Code
 LOS ANGELES CA 90049-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OAKTREE CAPITAL INVESTMENT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.105939
 Amount of Each Receipt this Period
 50000.00
 Memo Item
CONTRIBUTION

B. WAYNE STOLTENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 ROCK DOVE CT
 City State Zip Code
 WESTLAKE TX 76262-9076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CINEO OIL & GAS LLC EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11.109242
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

C. WILLIAM STOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1892 TROX ROAD
 City State Zip Code
 GREENSBORO NC 27406-7940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11.110976
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50750.00 |
| 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 502 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY STREEP
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 WEST WAY
 City State Zip Code
 OLD GREENWICH CT 06870-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INTERIOR DESIGNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.124034
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. TED STROSCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 32101 COOK LANE
 City State Zip Code
 SAN JUAN CAPISTRAN CA 92675-3934
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.133577
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DALE STUART JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 W MONROE AVE
 STE D
 City State Zip Code
 LOWELL AR 72745-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TAXSAVERS INC PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.126146
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 503 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JAMES STURDIVANT
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. 5TH ST SUITE 1100

City TULSA State OK Zip Code 74103-4217

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 ▼ 0.00

Date of Receipt 08 / 12 / 2015
Transaction ID : SA11.103819

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. JOSEPH STURKEY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 28749

City SAN JOSE State CA Zip Code 95159-8749

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 ▼ 0.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11.102687

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

C. STEPHEN SUDDATH
Full Name (Last, First, Middle Initial)

Mailing Address 815 S. MAIN ST.
SSUDDATH@SUDDATH.COM

City JACKSONVILLE State FL Zip Code 32207-9050

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

Name of Employer THE SUDDATH COMPANIES Occupation EXECUTIVE/OWNER RELOCATION , LOGIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.119094

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 504 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. NANCY SUGAHARA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 64686875
SUGAHARA819@YAHOO.COM

City SIOUX FALLS State SD Zip Code 57186-0001

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 11 / 2015
Transaction ID : SA11.118965

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. HARLEY SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARIPOSA LOOP

City NEW BRAUNFELS State TX Zip Code 78132-3353

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

Name of Employer SELF Occupation PERIODONTIST/RANCHER/RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
07 / 28 / 2015
Transaction ID : SA11.124691

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. HARLEY SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARIPOSA LOOP

City NEW BRAUNFELS State TX Zip Code 78132-3353

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

Name of Employer SELF Occupation PERIODONTIST/RANCHER/RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 08 / 2015
Transaction ID : SA11.133586

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 505 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RONALD M. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX #304
 City BRIDGEWATER State CT Zip Code 06752-0304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11.138540
 Amount of Each Receipt this Period **500.00**
 Memo Item
CONTRIBUTION

B. SCOTT C. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3649
 City WILMINGTON State NC Zip Code 28406-0649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 09 / 2015**
Transaction ID : SA11.137502
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. SHELLY SUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 TRI-STATE PKWY
 City GURNEE State IL Zip Code 60031-9177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHTSTAR CARE Occupation CEO AND CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : SA11.106023
 Amount of Each Receipt this Period **10000.00**
 Memo Item
CONTRIBUTION

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 11500.00 |
| 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 506 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DAVID SUSI
Full Name (Last, First, Middle Initial)

Mailing Address 1245 AGATE ST.

| | | |
|-------------------|-------------|------------------------|
| City SAN DIEGO | State CA | Zip Code 92109-1222 |
|-------------------|-------------|------------------------|

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

| | |
|---------------------------------|--------------------------|
| Name of Employer RSI ROOFING | Occupation CONTRACTOR |
|---------------------------------|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11.136981

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. KERMIT SUTTON
Full Name (Last, First, Middle Initial)

Mailing Address 715 10TH ST S

| | | |
|----------------|-------------|------------------------|
| City NAPLES | State FL | Zip Code 34102-6725 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------|------------------------|
| Name of Employer SELF | Occupation INVESTOR |
|--------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11.124002

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. CLARKE SWANSON, JR.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 148
CLARKE@SWANSONVINEYARDS.COM

| | | |
|------------------|-------------|------------------------|
| City OAKVILLE | State CA | Zip Code 94562-0148 |
|------------------|-------------|------------------------|

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

| | |
|---------------------------------------|---------------------------|
| Name of Employer SWANSON VINEYARDS | Occupation VINTNER/CEO |
|---------------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.119108

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 507 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUSAN SWEET-BLOOMFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 940 1ST ST
 City MANHATTAN BEACH State CA Zip Code 90266-6604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 06 / 2015**
Transaction ID : SA11.111469
 Amount of Each Receipt this Period **25000.00**
 Memo Item
CONTRIBUTION

B. DIANA SZAMBECKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5375 PARK DRIVE
 City VERMILION State OH Zip Code 44089-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAMILY AND COMMUNITY Occupation WIFE, MOTHER AND CAREER VOLUNTEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.136360
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. JOHN S. TANNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 HUBBARD RD
 City WOODSTOCK State GA Zip Code 30188-5036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARYLESSENCE INC Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 06 / 2015**
Transaction ID : SA11.100173
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 26250.00 |
| 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 508 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STANLEY TATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 NE 125TH STREET
 SUITE 102
 City NORTH MIAMI State FL Zip Code 33161-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 13 / 2015**
Transaction ID : SA11.118978
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. MICHAEL TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 KITSON PARK DR.
 MCGJTAYLOR@AOL.COM
 City LEXINGTON State MA Zip Code 02421-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIRST HAWAIIAN BANK Occupation MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.118958
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. N DENISE TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. WILCOX AVE.
 City LOS ANGELES State CA Zip Code 90004-1111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED. TAYLOR BLESSEY LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 20 / 2015**
Transaction ID : SA11.124048
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 509 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. PETER R. TEAHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 F. AVENUE NW
 City CEDAR RAPIDS State IA Zip Code 52405-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEAHEN FUNERAL HOME, INC. Occupation FUNERAL DIRECTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11.137446
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MARGUERITE TELNACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 29305 E RIVER ROAD MTELNACK@AOL.COM
 City GROSE ILE State MI Zip Code 48138-1956
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.118986
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GARY TEPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 DORMIE DRIVE
 City NAPLES State FL Zip Code 34108-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMKAY Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136389
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 510 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAUL TESCHAN
Full Name (Last, First, Middle Initial)

Mailing Address 11 BURTON HILLS BLVD.
S-455

City NASHVILLE State TN Zip Code 37215-6297

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

Name of Employer --- Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 12 / 2015
Transaction ID : SA11.118865

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. LLOYD THACKER
Full Name (Last, First, Middle Initial)

Mailing Address 105 WESTBURY

City WILLIAMSBURG State VA Zip Code 23188-8912

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.132062

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. KEVIN THARP
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10704

City BURBANK State CA Zip Code 91510-0704

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

Name of Employer NORTHRUP GRUMMAN Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 02 / 2015
Transaction ID : SA11.102684

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 511 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. THERESA L. THIBODEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 12811 IZARD ST
 City OMAHA State NE Zip Code 68154-1245
 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 ▼ 0.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.137206
 Amount of Each Receipt this Period 1500.00
 Memo Item
 CONTRIBUTION

B. PETER THIEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LETTERMAN DRIVE BUILDING C, SUITE 400
 City SAN FRANCISCO State CA Zip Code 94129-1496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THIEL CAPITAL LLC
 Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 25 / 2015
Transaction ID : SA11.138686
 Amount of Each Receipt this Period 2000000.00
 Memo Item
 CONTRIBUTION

C. JOE THOEMKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5790 DIXIE BELL RD JTHOEMKE@BELLSOUTH.NET
 City PALM BEACH GARDENS State FL Zip Code 33418-7746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THOEMKE ENTERPRISES INC
 Occupation C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.118906
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2001750.00 |
| 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 512 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DEAN THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 MARINA CIRCLE
 THOMAR82@AOL.COM
 City NORTH FORT MYERS State FL Zip Code 33903-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation CIVIL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : SA11.118823
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JEFFREY THOMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 21778 GATEHOUSE LANE
 City ROCKY RIVER State OH Zip Code 44116-2186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORGAN STANLEY Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : SA11.104791
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MR. TELFORD W. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 MONOCACY FORD RD
 City FREDERICK State MD Zip Code 21701-6810
 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 ▼ 0.00

Date of Receipt
 10 / 05 / 2015
Transaction ID : SA11.110789
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 513 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JACK THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 3 WINWOOD DR.

| | | |
|----------------------------|-------------|------------------------|
| City CHERRY HILLS VILLA | State CO | Zip Code 80113-6023 |
|----------------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.130482

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. JIM THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 1214 TULIP TREE LN

| | | |
|-------------------------|-------------|------------------------|
| City WEST DES MOINES | State IA | Zip Code 50266-6666 |
|-------------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer STONEY CREEK HOSPITALITY | Occupation HOSPITALITY |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11.136784

Amount of Each Receipt this Period
650.00

Memo Item
CONTRIBUTION

C. ROBERT THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 11826 VILLAGE PARK CIR

| | | |
|-----------------|-------------|------------------------|
| City HOUSTON | State TX | Zip Code 77024-4418 |
|-----------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11.100800

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1400.00 |
| 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 514 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2455 TAMJARACK TRAIL, APT. 137
 City BLOOMINGTON State IN Zip Code 47408-1298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED ACADEMIC
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130162
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. CHARLES THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 N RIVERFRONT BLVD STE 133
 City DALLAS State TX Zip Code 75207-3912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MAGDALIN GROUP, LTD Occupation COMMERCIAL REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.103195
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. CHARLES THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 N RIVERFRONT BLVD STE 133
 City DALLAS State TX Zip Code 75207-3912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MAGDALIN GROUP, LTD Occupation COMMERCIAL REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11.111412
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| 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 515 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JACK THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2560
 City SUN VALLEY State ID Zip Code 83353-2560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation INVESTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.138541
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. RICHARD THULIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3332 BINGEN ROAD
 City BETHLEHEM State PA Zip Code 18015-5713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARCADIA DEVELOPMENT CORPORATION Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11.136412
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MRS. MARY ANN TIPPMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8027 FLUTTER ROAD
 City FORT WAYNE State IN Zip Code 46835-9718
 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 0.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.110743
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 516 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMBASSADOR RANDALL L. TOBIAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10330 LAUREL RIDGE LN
 City CARMEL State IN Zip Code 46032-8818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDIANA UNIVERSITY BOARD OF TRUSTEES Occupation CHAIR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137416
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

B. MATTH TOEBBEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 ROSEWOOD DR
 City VILLA HILLS State KY Zip Code 41017-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation BUILDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.108705
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. SANTO TORCIVIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 HILGERT AVE.
 City READING State PA Zip Code 19607-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MARKET INSIGHTS LLC Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.124012
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11500.00 |
| 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 517 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUSAN TOTH
Full Name (Last, First, Middle Initial)

Mailing Address 3075 ST JOHNS LANE

City ELLICOTT CITY State MD Zip Code 21042-2511

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

Name of Employer DOD Occupation CIVIL SERVANT/NAVY RESERVISR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.108977

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. TORO TOWNLEY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 173

City CANDLER State FL Zip Code 32111-0173

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

Name of Employer TOWNLEY ENGINEERING & MANUFACTURING Occupation BUSINESS OWNER/ ENGINEER/ FOUNDRYM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : SA11.128386

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. MS. ALICE C. TOWNSEND
Full Name (Last, First, Middle Initial)

Mailing Address 402 RAINIER VIEW LN NE

City MOSES LAKE State WA Zip Code 98837-9495

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11.110800

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 518 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. W JAMES TOZER JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 PARK AVENUE APT 13W
 City NEW YORK State NY Zip Code 10065-7345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VECTRA MANAGEMENT GROUP Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.106802
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. JIM TOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 8995 KILDOWNET COURT
 City VIENNA State VA Zip Code 22182-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTER FOR REGULATORY EFFECTIVENESS Occupation ECONOMIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 26 / 2015
Transaction ID : SA11.126916
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. MRS. ALLAN F. TRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 E. BAY AVE
 City NEWPORT BEACH State CA Zip Code 92661-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.110872
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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: (check only one) | PAGE 519 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM TRAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1534 WADDELL ST
 BTRAVIS@SEHOSE.COM
 City BREMEN State GA Zip Code 30110-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTHEASTERN HOSE INC Occupation MGR/OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 14 / 2015
Transaction ID : SA11.119008
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. IVO TRAVNICEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 S PINEAPPLE AVE
 City SARASOTA State FL Zip Code 34236-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 16 / 2015
Transaction ID : SA11.106223
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. DAVID J. TREINEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 13298 CUMING ST
 City OMAHA State NE Zip Code 68154-5279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEST CORPORATION Occupation EXEC VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 11 / 06 / 2015
Transaction ID : SA11.111474
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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 520 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DWIGHT TREW
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 KNIGHTSBRIDGE LANE
 City State Zip Code
 HILTON HEAD ISLAND SC 29928-3366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.123858
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. GARY TRINKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 BLUE HERON DRIVE
 City State Zip Code
 YORKTOWN VA 23692-2973
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11.103225
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. SUSAN ANDERSON TRISCHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 STEWARD HILL CIR
 City State Zip Code
 FAIRFIELD CT 06824-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE VOLUNTEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11.111480
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5750.00 |
| 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 521 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VINCENT J. TROSINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 TIMBERLAKE RD
 MRVTRO@GMAIL.COM
 City BLOOMINGTON State IL Zip Code 61704-8614
 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 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130178
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GEORGE TROTTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1934 MORENO AVENUE
 City CORONA State CA Zip Code 92879-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation RETIRED USAFR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132505
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. KENNY A. TROUTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 SHERRY LN
 STE 1350
 City DALLAS State TX Zip Code 75225-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11.107942
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 5500.00
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 522 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MR. EARLE L. TRYDER
Full Name (Last, First, Middle Initial)

Mailing Address 1850 FRONT ST APT 46

City MANCHESTER State NH Zip Code 03102-8985

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

Name of Employer NA Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2015

Transaction ID : SA11.110958

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. PAUL TURLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2392 GINNY WAY
PGT2392@COMCAST.NET

City LAFAYETTE State CO Zip Code 80026-9169

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015

Transaction ID : SA11.119058

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. SCOTT TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 848. CENTRAL. DR.
DRTOMTURNER@YAHOO.COM

City ODESSA State TX Zip Code 79761-4202

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

Name of Employer NIXON PEABODY LLP Occupation LAW FIRM PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.118843

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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 523 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 2111 YAVAPAI LN
JLTURNER@GMAIL.COM

City PAHRUMP State NV Zip Code 89048-4871

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

Name of Employer SELF Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 09 / 2015
Transaction ID : SA11.118993

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. GEORGE UGARTE
Full Name (Last, First, Middle Initial)

Mailing Address 1066 PALISADE AVENUE

City FORT LEE State NJ Zip Code 07024-6328

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

Name of Employer PARK AVE MANAGEMENT Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 17 / 2015
Transaction ID : SA11.123867

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. LUCIA UIHLEIN
Full Name (Last, First, Middle Initial)

Mailing Address 715 LANDS END DRIVE

City LONGBOAT KEY State FL Zip Code 34228-1055

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 29 / 2015
Transaction ID : SA11.124050

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 524 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD E. UIHLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 WAUKEGAN RD
 City LAKE FOREST State IL Zip Code 60045-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ULINE Occupation CEO/OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11.105945
 Amount of Each Receipt this Period
 100000.00
 Memo Item
 CONTRIBUTION

B. LEIF ULSTRUP
 Full Name (Last, First, Middle Initial)
 Mailing Address 3508 RITTENHOUSE ST NW
 City WASHINGTON State DC Zip Code 20015-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRIMEHOOK TECHNOLOGY Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11.106738
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. JAMES UPDIKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8385 W LA CAILLE
 City PEORIA State AZ Zip Code 85383-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPDIKE DISTRIBUTION LOGISTICS Occupation WAREHOUSING AND TRANSPORTATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123871
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100750.00 |
| 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 525 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAULA VALAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4900 N. OCEAN BLVD. #1717
 City State Zip Code
 FORT LAUDERDALE FL 33308-2939
 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 ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.133644
 Amount of Each Receipt this Period
 495.00
 Memo Item
 CONTRIBUTION

B. NIELS VALENTINER
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 SOUTH 600 EAST
 City State Zip Code
 SLC UT 84102-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF ARCHITECT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2015
Transaction ID : SA11.127905
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MICHIEL VAN DER VOORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 GRAMERCY PARK
 City State Zip Code
 NEW YORK NY 10010-6307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SG AMERICAS SECURITIES LLC BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015
Transaction ID : SA11.104292
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 995.00 |
| 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 526 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOHN VAN HORN
Full Name (Last, First, Middle Initial)

Mailing Address 31584 HWY 30

City State Zip Code
GLIDDEN IA 51443-8587

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

Name of Employer Occupation
VAN HORN FARMS FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11.110272

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. MR. GREG A. VANDYKE
Full Name (Last, First, Middle Initial)

Mailing Address 1225 N 136TH AVE

City State Zip Code
OMAHA NE 68154-5265

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

Name of Employer Occupation
TENASKA INC. CHIEF FINANCIAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
11 / 12 / 2015
Transaction ID : SA11.137196

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. VINCENT VASIL
Full Name (Last, First, Middle Initial)

Mailing Address 1522 E. SAN CARLOS AVE

City State Zip Code
ORANGE CA 92865-1524

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

Name of Employer Occupation
SELF RETIRED LAW ENFORCEMENT EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11.123951

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 527 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. DONALD VECCHIE

Mailing Address 2104WEST 1ST AT #2601

City State Zip Code
 FT MYERS FL 33901-3274

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 ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.130195

Amount of Each Receipt this Period
 1000.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ROBERT VEENEMAN

Mailing Address 4710 GLEASON AVE.

City State Zip Code
 SARASOTA FL 34242-1313

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

Name of Employer Occupation
 SELF FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.123905

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DIRK VICE

Mailing Address 1220 HIGH GLEN POINT

City State Zip Code
 RALEIGH NC 27614-8504

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

Name of Employer Occupation
 SUNRISE DENTAL DENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 17 / 2015
Transaction ID : SA11.130197

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 528 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PATRICIA VIEIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 PAWNEE LANE
 PUG31@COMCAST.NET
 City EPPING State NH Zip Code 03042-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 08 / 2015
Transaction ID : SA11.118990
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PATRICIA VIEIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 PAWNEE LANE
 PUG31@COMCAST.NET
 City EPPING State NH Zip Code 03042-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 23 / 2015
Transaction ID : SA11.123979
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. ROBERT VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 CANYON TURN TRAIL
 City AUSTIN State TX Zip Code 78734-5078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 16 / 2015
Transaction ID : SA11.130198
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 529 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PATRICK VILLELLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7546 BEAR CANYON RD. NE
 City ALBUQUERQUE State NM Zip Code 87109-3847
 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 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133659
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. DEBORAH VINCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 PERALTA AVE.
 DMSLBC@YAHOO.COM
 City LONG BEACH State CA Zip Code 90803-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEW YORK LIFE Occupation SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11.118924
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MONTY VINCENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3575 MILLER RD
 MONTY0680@AOL.COM
 City ANN ARBOR State MI Zip Code 48103-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.118916
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 530 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PETER AUSTIN VLACHOS
Full Name (Last, First, Middle Initial)

Mailing Address 245 W 107TH ST
APT 3H

City NEW YORK State NY Zip Code 10025-3052

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

Name of Employer BECK MACK & OLIVER Occupation INVESTMENT ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
10 / 27 / 2015
Transaction ID : SA11.111054

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. RICHARD VOELL
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE
SIENA 1101

City CORAL GABLES State FL Zip Code 33158-2839

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 ▼ 0.00

Date of Receipt
08 / 08 / 2015
Transaction ID : SA11.119059

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. RICHARD VOELL
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE
SIENA 1101

City CORAL GABLES State FL Zip Code 33158-2839

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 ▼ 0.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.119106

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: (check only one) | PAGE 531 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD VOELL
Full Name (Last, First, Middle Initial)

Mailing Address 13611 DEERING BAY DRIVE
SIENA 1101

City CORAL GABLES State FL Zip Code 33158-2839

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 ▼ 0.00

Date of Receipt
 09 / 25 / 2015
Transaction ID : SA11.127102

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MR. JOHN R. VOGT
Full Name (Last, First, Middle Initial)

Mailing Address 6038 CRIMSON COURT

City MCLEAN State VA Zip Code 22101-1818

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

Name of Employer CHAIN BRIDGE BANK Occupation BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11.106834

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. ROBERT WAECHTER
Full Name (Last, First, Middle Initial)

Mailing Address 4343 SAWYER ROAD
WAECHTERBOB@AOL.COM

City SARASOTA State FL Zip Code 34233-3634

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

Name of Employer SELF Occupation REAL ESTATE OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 10 / 2015
Transaction ID : SA11.119038

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 532 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JUDITH WAGENBRENNER
Full Name (Last, First, Middle Initial)

Mailing Address 3020 TRAVIS LAKESIDE DRIVE
TJWAG@HILLCOUNTRYWEB.COM

City State Zip Code
SPICEWOOD TX 78669-1441

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

Name of Employer Occupation
SELF INTERIOR DESIGNER - RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SA11.119004

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. BILL WAGNER
Full Name (Last, First, Middle Initial)

Mailing Address 2015 SE COLUMBIA RIVER DRIVE
120

City State Zip Code
VANCOUVER WA 98661-8061

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

Name of Employer Occupation
SELF M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2015

Transaction ID : SA11.124019

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. MYRNA WAHLQUIST
Full Name (Last, First, Middle Initial)

Mailing Address 6622 MADISON MCLEAN DRIVE

City State Zip Code
MCLEAN VA 22101-2901

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SA11.123969

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 533 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PARTEN WAKEFIELD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2910

City BRYAN State TX Zip Code 77805-2910

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

Name of Employer SELF Occupation RANCHING, OIL & GAS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136511

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. MR. WALTER WALDIE
Full Name (Last, First, Middle Initial)

Mailing Address 4105 STANHOPE ST
WALTWALDIE@SBCGLOBAL.NET

City DALLAS State TX Zip Code 75205-1658

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

Name of Employer SELF Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.123952

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. DALE WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 5090 RIORDAN HILL DRIVE

City HOOD RIVER State OR Zip Code 97031-8706

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

Name of Employer SELF Occupation MINI-STORAGE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.107911

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 534 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DANIEL WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 GRAND STREET
 H8C
 City NEW YORK State NY Zip Code 10002-4262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123851
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DAVID WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 BEACON STREET
 City BRIDGEPORT State CT Zip Code 06605-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRICEWATERHOUSECOOPERS Occupation SENIOR STRATEGIC CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : SA11.102569
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PAULA WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 POST OAK PL
 City WESTLAKE State TX Zip Code 76262-9013
 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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11.108364
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 535 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RITA KAY WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 2233 S RIDGE RD

City CASTLE ROCK State CO Zip Code 80108-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
10 / 01 / 2015
Transaction ID : SA11.109812

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. EDWIN WALLACE
Full Name (Last, First, Middle Initial)

Mailing Address 515 HARBOR ISLAND DRIVE
NEDWALLACE@ROADRUNNER.COM

City NEWPORT BEACH State CA Zip Code 92660-7225

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

Name of Employer WALLACE AIR CARGO GROUP, INC Occupation AIR CARGO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 10 / 2015
Transaction ID : SA11.119034

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. ANDREA WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 4 STAYTON CIRCLE

City HOUSTON State TX Zip Code 77024-6725

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

Name of Employer N/A Occupation HOMEMAKER AND VOLUNTEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
08 / 06 / 2015
Transaction ID : SA11.136527

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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: (check only one) | PAGE 536 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|--|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) A. DOUGLAS WANTY | | Date of Receipt |
| Mailing Address 3628 BARTON FARM DR | | MM / DD / YYYY 09 / 23 / 2015 |
| City | State | Zip Code |
| ANN ARBOR | MI | 48105-1074 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.108004 |
| C | | Amount of Each Receipt this Period |
| | | 250.00 |
| Name of Employer | | <input type="checkbox"/> Memo Item |
| O & W, INC | Occupation | CONTRIBUTION |
| | EXECUTIVE | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | 0.00 |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) B. GARY WARD | | Date of Receipt |
| Mailing Address 1107 WASHINGTON HWY | | MM / DD / YYYY 08 / 02 / 2015 |
| City | State | Zip Code |
| LINCOLNTON | GA | 30817-2822 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.102683 |
| C | | Amount of Each Receipt this Period |
| | | 1000.00 |
| Name of Employer | | <input type="checkbox"/> Memo Item |
| SELF | Occupation | CONTRIBUTION |
| | AIR SHOW PILOT AND TREE FARMER | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | 0.00 |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) C. JOHN WARD | | Date of Receipt |
| Mailing Address 600 W. RUSSELL STREET UNIT 205 | | MM / DD / YYYY 09 / 17 / 2015 |
| City | State | Zip Code |
| BARRINGTON | IL | 60010-4165 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11.128926 |
| C | | Amount of Each Receipt this Period |
| | | 250.00 |
| Name of Employer | | <input type="checkbox"/> Memo Item |
| UNITED AIR LINES | Occupation | CONTRIBUTION |
| | FINANCE MANAGER | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | 0.00 |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 537 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD WARD
Full Name (Last, First, Middle Initial)

Mailing Address 210 VILLAGE CENTER BLVD

| | | |
|----------------------|-------------|------------------------|
| City MYRTLE BEACH | State SC | Zip Code 29579-6706 |
|----------------------|-------------|------------------------|

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 ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.136537

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. JOHN WARDEN
Full Name (Last, First, Middle Initial)

Mailing Address C/O SULLIVAN & CROMWELL, 125 BROAD
WARDENJ@SULLCROM.COM

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10004-2400 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer SULLIVAN & CROMWELL LLP | Occupation LAWYER |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11.118881

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. MARGARET WARNER
Full Name (Last, First, Middle Initial)

Mailing Address 816 JAIPUR ST

| | | |
|--------------------|-------------|------------------------|
| City NAPERVILLE | State IL | Zip Code 60540-7729 |
|--------------------|-------------|------------------------|

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

| | |
|---|--------------------------|
| Name of Employer STRATEGIC SOLUTIONS, INC. | Occupation HR MANAGER |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.136540

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 538 OF 1266 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GERALD WARNOCK
Full Name (Last, First, Middle Initial)

Mailing Address 6095 SW OLD SCHOLLS FERRY RD

| | | |
|------------------|-------------|------------------------|
| City PORTLAND | State OR | Zip Code 97223-7241 |
|------------------|-------------|------------------------|

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

| | |
|--|---------------------------|
| Name of Employer EPIC IMAGING CENTERS | Occupation RADIOLOGIST |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 19 | | 2015 |

Transaction ID : SA11.128404

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

 Memo Item
CONTRIBUTION

B. PATRICK WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 16407 LAKESTONE DR.
PATRICKCHRIS1964@YAHOO.COM

| | | |
|-----------------|-------------|------------------------|
| City TOMBALL | State TX | Zip Code 77377-8496 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------------|--------------------------------------|
| Name of Employer CONSULTANT | Occupation ENGINEERING MANAGEMENT |
|--------------------------------|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 11 | | 2015 |

Transaction ID : SA11.118937

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

 Memo Item
CONTRIBUTION

C. ROBERT WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 7118 ARROWOOD ROAD

| | | |
|------------------|-------------|------------------------|
| City BETHESDA | State MD | Zip Code 20817-2809 |
|------------------|-------------|------------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer PMC | Occupation MANAGER |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 28 | | 2015 |

Transaction ID : SA11.108389

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

 Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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 539 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT WASHBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 WARREN ST.
 City CONCORD State NH Zip Code 03301-4051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.123906
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. RODGER WASSERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 ALTON RD 1407
 City MIAMI BEACH State FL Zip Code 33139-6713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RET.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11.118903
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RODGER WASSERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 ALTON RD APT 1407
 City MIAMI BEACH State FL Zip Code 33139-6717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 19 / 2015
Transaction ID : SA11.128408
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 540 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RODGER WASSERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 ALTON RD
 APT 1407
 City MIAMI BEACH State FL Zip Code 33139-6717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133676
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MRS. MARY WATKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1870 BRIDLE RIDGE TRACE
 City ROSWELL State GA Zip Code 30075-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123968
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JOHN WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5102 CAMBRIDGE ST
 City SUGAR LAND State TX Zip Code 77479-3970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123999
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 541 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUSAN WAYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 CAMPBELL CREEK RD
 City OAKVILLE State CA Zip Code 94562-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.136552
 Amount of Each Receipt this Period **2500.00**
 Memo Item
CONTRIBUTION

B. ELISHA WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 W 8TH S
 NAIL65@COMCAST.NET
 City PANAMA CITY State FL Zip Code 32401-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELTA AIR LINES Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 08 / 2015**
Transaction ID : SA11.118818
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. GINA WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CLARENDON CT
 City PRINCETON JUNCTION State NJ Zip Code 08550-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PFIZER Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : SA11.100720
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3750.00 |
| 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 542 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. W. TIMOTHY WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CAPE COD LN.
 City HOUSTON State TX Zip Code 77024-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.123916
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ROBERT WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2578 US HWY 62 NE
 FASTDRVN24@YAHOO.COM
 City WASHINGTON COURT H State OH Zip Code 43160-9073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OTP INDUSTRIAL SOLUTIONS Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119027
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. PATRICIA WEBSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 NW LAKEVIEW DR
 City PARKVILLE State MO Zip Code 64152-4373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.105104
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 543 OF 1266 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PAMELA S. WEEKLY
Full Name (Last, First, Middle Initial)

Mailing Address 26747 BLONDO CT

City WATERLOO State NE Zip Code 68069-6225

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11.111477

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

B. JERRY E. WEEKS
Full Name (Last, First, Middle Initial)

Mailing Address 10245 KESSLER AVE

City CHATSWORTH State CA Zip Code 91311-3511

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11.103339

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. RICHARD WEICHER
Full Name (Last, First, Middle Initial)

Mailing Address 537 N EUCLID AVE

City OAK PARK State IL Zip Code 60302-1617

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

Name of Employer BNSF RAILWAY Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : SA11.124539

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 544 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD WEICHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 N EUCLID AVE
 City OAK PARK State IL Zip Code 60302-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BNSF RAILWAY Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.132528
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. NESTOR R. WEIGAND JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 N MARKET ST
 City WICHITA State KS Zip Code 67202-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. P. WEIGAND AND SONS Occupation REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.108600
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. ROBERT WEIHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2044 SILKWOOD DR
 City COLORADO SPRINGS State CO Zip Code 80920-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D #38 Occupation MATH TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11.104127
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| 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 545 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KARL WEILER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 234
 City BUCK HILL FALLS State PA Zip Code 18323-0234
 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 ▼ 0.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.130497
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ADELE & STANLEY WEINER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3028 BIG GREEN LANE
 City LAS VEGAS State NV Zip Code 89134-7454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEINER, DURANSO & COMPANY, LTD.
 Occupation C.P.A.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123985
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. MR. ERIC WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6400 SW 107TH STREET
 ERICWEISS@BRIGHTSCAPE.COM
 City MIAMI State FL Zip Code 33156-4052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGHTSCAPE
 Occupation FINANCIAL PLANNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.123932
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 546 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY BETH WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 HAWTHORNE LANE
 City HINSDALE State IL Zip Code 60521-2956
 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 **0.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : SA11.104538
 Amount of Each Receipt this Period **2500.00**
 Memo Item
CONTRIBUTION

B. MS. RICHARD WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 HAWTHORNE LANE
 City HINSDALE State IL Zip Code 60521-2956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVESTMENT MNGR Occupation WELLS CAPITAL MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : SA11.104539
 Amount of Each Receipt this Period **1500.00**
 Memo Item
CONTRIBUTION

C. ROBERT WEISSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 NW WINTERS CREEK RD
 City PALM CITY State FL Zip Code 34990-8086
 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 **0.00**

Date of Receipt **09 / 26 / 2015**
Transaction ID : SA11.126919
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 4250.00 |
| 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 547 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KAREN WELDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 ANACONDA DRIVE
 City CASTLE ROCK State CO Zip Code 80108-8240
 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 ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015
Transaction ID : SA11.126276
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. DAVID WELLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4806 S. MONTROSE PL
 City SPRINGFIELD State MO Zip Code 65810-2463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNDERCOVER INC. TRUCK ACCESS.
 Occupation PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.130243
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DENISE WERDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 LAKE ST EXT
 City MINNETONKA State MN Zip Code 55345-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICHAEL J. SIMONETT AGENCY, INC
 Occupation LICENSED INSURANCE AGENCY SPECIALIS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11.138610
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 548 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GARY WERNER
Full Name (Last, First, Middle Initial)

Mailing Address 18841 VICCI ST

City CANYON COUNTRY State CA Zip Code 91351-3426

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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136578

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. CATHY WEST
Full Name (Last, First, Middle Initial)

Mailing Address 226 4TH ST

City SEAL BEACH State CA Zip Code 90740-6013

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

Name of Employer AMWAY Occupation HR CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.132095

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. NANCY G. WEST
Full Name (Last, First, Middle Initial)

Mailing Address 2315 BRIARWOOD DR.+ NGWEST@SBCGLOBAL.NET

City SAN ANTONIO State TX Zip Code 78209-4259

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

Name of Employer SELF Occupation NOVELIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.118828

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 549 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LARRY WESTBROOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 SPRUCE MANOR CT.
 City CANTON State GA Zip Code 30114-9791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130246
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. DAVID WESTERGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 E. WILDERNEST LN
 DWESTERGARD@MICRON.COM
 City BOISE State ID Zip Code 83706-6937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICRON TECHNOLOGY, INC. Occupation ATTORNEY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118854
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. RONNIE WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N. EVERGREEN ST.
 City BURBANK State CA Zip Code 91505-3135
 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 0.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.111533
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 550 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT WEYLANDT
Full Name (Last, First, Middle Initial)

Mailing Address 41 HACKBERRY LANE
WEYLANDT@SBCGLOBAL.NET

City HOUSTON State TX Zip Code 77027-5603

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

Name of Employer JPMORGAN CHASE Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.118939

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

B. ROBERT WEYLANDT
Full Name (Last, First, Middle Initial)

Mailing Address 41 HACKBERRY LANE
WEYLANDT@SBCGLOBAL.NET

City HOUSTON State TX Zip Code 77027-5603

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

Name of Employer JPMORGAN CHASE Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136590

Amount of Each Receipt this Period 250.00

Memo Item
CONTRIBUTION

C. LAURA WHEAT
Full Name (Last, First, Middle Initial)

Mailing Address 2006 NOWASOTA COVER

City WESTLAKE State TX Zip Code 76262-

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

Name of Employer WHEAT INVESTMENTS Occupation FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11.105899

Amount of Each Receipt this Period 25000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 25500.00 |
| 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 551 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LORI WHEELER
Full Name (Last, First, Middle Initial)

Mailing Address 1717 SPERRYS FORGE

City WESTLAKE State OH Zip Code 44145-2015

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

Name of Employer SELF Occupation ACCOUNTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11.127584

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. STEVEN WHEELER
Full Name (Last, First, Middle Initial)

Mailing Address 4509 SPRING ISLAND

City OKATIE State SC Zip Code 29909-4739

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

Name of Employer SELF Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11.126837

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

C. CONSTANCE V.R. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 68 BEACON ST

City BOSTON State MA Zip Code 02108-3422

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.137002

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 552 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GEVIE WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6223 COSTA LAKE PT.
 City State Zip Code
 FLOWERY BRANCH GA 30542-2588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF BUILDER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11.123958
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. WALTER WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 LAKE VIEW TRACE
 PIUSER@TDS.NET
 City State Zip Code
 JASPER GA 30143-7887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF SELF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11.119000
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MARK WHITLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 SHERBURNE DR.
 MARKDWHITLEY@GMAIL.COM
 City State Zip Code
 KELLER TX 76262-8906
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.119062
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 553 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBERT WHITTEN
Full Name (Last, First, Middle Initial)

Mailing Address 419 GLENCHESTER ST.

City HOUSTON State TX Zip Code 77079-7135

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

Name of Employer AYCOCK & COMPANY PC Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11.127751

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. ROBERT WHITTEN
Full Name (Last, First, Middle Initial)

Mailing Address 419 GLENCHESTER ST.

City HOUSTON State TX Zip Code 77079-7135

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

Name of Employer AYCOCK & COMPANY PC Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 08 / 2015
Transaction ID : SA11.133697

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. CHRISTOPHER WIBBELMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8736 BORGMAN

City HUNTINGTON WOODS State MI Zip Code 48070-1202

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

Name of Employer METRO INTERNATIONAL Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.105099

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

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: (check only one) | PAGE 554 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LIGIA WIEGAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 3802 NE 207TH ST APT 901
 City MIAMI State FL Zip Code 33180-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.109986
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MR. E. ANDREW WILDE JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 GREENDALE AVE APT E3
 City NEEDHAM State MA Zip Code 02492-4630
 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 0.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.137331
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. COLLEEN WILDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2575 TARPON RD
 City NAPLES State FL Zip Code 34102-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAND DOLLAR DESIGN INC. Occupation INTERIOR DESIGNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130263
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 555 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD WILKINS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1839

City CAROLINA BEACH State NC Zip Code 28428-1839

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

Name of Employer SELF Occupation COMPUTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2015

Transaction ID : SA11.127752

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. RICHARD WILKINS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1839

City CAROLINA BEACH State NC Zip Code 28428-1839

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

Name of Employer SELF Occupation COMPUTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11.130714

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. RICHARD WILKINS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1839

City CAROLINA BEACH State NC Zip Code 28428-1839

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

Name of Employer SELF Occupation COMPUTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11.138024

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 556 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD WILKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1839
 City CAROLINA BEACH State NC Zip Code 28428-1839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation COMPUTER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11.138209
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. DAVID WILKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SHADOW LANE
 City CHADDS FORD State PA Zip Code 19317-9334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WILKS LUKOFF & BRACEGIRDLE, LLC Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : SA11.123854
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. HOWARD A. WILL JR
 Full Name (Last, First, Middle Initial)
 Mailing Address N9242 S SHORE DR
 City EAST TROY State WI Zip Code 53120-2178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **10 / 28 / 2015**
Transaction ID : SA11.137020
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| 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 557 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. KATHLEEN WILLCOXON
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 FALCON HILLS DRIVE
 City State Zip Code
 HIGHLANDS RANCH CO 80126-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11.124054
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. BRUCE WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 WATER ST
 City State Zip Code
 ST AUGUSTINE FL 32084-2887
 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 ▼
 0.00

Date of Receipt
 09 / 19 / 2015
Transaction ID : SA11.128424
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. HERSCHEL WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2610 BRISTOL COURT
 JWILLIAMS1924@ATT.NET
 City State Zip Code
 ABILENE TX 79606-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF/THE INTEGRAL GROUP SALESMAN/OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : SA11.118894
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 558 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KIM WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 641 S. WESTERN AVE
 City ANAHEIM State CA Zip Code 92804-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORANGE COUNTY CHRISTIAN SCHOOL Occupation SCHOOL LUNCH LADY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123939
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. WILLIS WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2045 PAULANZANE@AOL.COM
 City PALM SPRINGS State CA Zip Code 92263-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.118850
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. HARRY WILOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 RIVER ST UNIT 507
 City BOSTON State MA Zip Code 02108-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLAGSHIP VENTURES MANAGEMENT, INC. Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.103946
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 559 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RICHARD WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 404 W 2230 N

City PROVO State UT Zip Code 84604-1576

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

Name of Employer WILSON DIAMONDS Occupation JEWELER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11.127754

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MS. ELSIE A. WINCHESTER
Full Name (Last, First, Middle Initial)

Mailing Address 9290 NICKELS BLVD

City BOYNTON BEACH State FL Zip Code 33436-3149

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11.137282

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. CURTIS AND JANE WINTERS
Full Name (Last, First, Middle Initial)

Mailing Address 10251 RUE ST. JACQUES
CWINTER1@SAN.RR.COM

City SAN DIEGO State CA Zip Code 92131-3216

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

Name of Employer ASMG Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.118846

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 560 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PHYLLIS WINTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 MEADOW GLEN
 City State Zip Code
 WYOMISSING PA 19610-2719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC RETIRED M.D.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.127352
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. ANN L. WITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 HUCKLEBERRY CIR
 City State Zip Code
 HOUSTON TX 77056-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF REAL ESTATE DEVELOPER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.109054
 Amount of Each Receipt this Period
 20000.00
 Memo Item
 CONTRIBUTION

C. ALAN WITTENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 14764 N. HOLT BROTHERS LANE
 WITTSND7@GMAIL.COM
 City State Zip Code
 PRESCOTT AZ 86305-5759
 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 ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11.119006
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 20500.00 |
| 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 561 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RONALD WONG
Full Name (Last, First, Middle Initial)

Mailing Address 355 CAMPUS DRIVE SUITE B
RWONG@INTEGRITY.COM

City HANFORD State CA Zip Code 93230-4338

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.119077

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. BERNADINE J. WOOD
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3500 PMB 130

City SISTERS State OR Zip Code 97759-3500

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11.105718

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. DAVID WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 271 RANDY LANE

City FORT MYERS BEACH State FL Zip Code 33931-4009

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.123928

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| 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: PAGE 562 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. RALPH WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2142 LAS TRAMPAS ROAD
 City ALAMO State CA Zip Code 94507-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123894
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. LARRY WOODARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8503 PRESCOTT CIRCLE
 City FRISCO State TX Zip Code 75033-6234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VETERANS BENIFITS ADMINISTRATION Occupation RETIRED, SENIOR EXECUTIVE SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136664
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WILLIAM WOODEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3913 CROSSWOOD DRIVE
 City SHINGLE SPRINGS State CA Zip Code 95682-8743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED LAW ENFORCEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.130285
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 563 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THOMAS WORKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 EAST 60TH STREET
 26B
 City NEW YORK State NY Zip Code 10022-1555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIFE INSURANCE COUNCIL OF NEW YORK, I Occupation TRADE ORGANIZATION EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11.119091
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. WILLIAM WORTHINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 SW LAUREL STREET
 BILLWORTHINGTON@MAC.COM
 City PORTLAND State OR Zip Code 97201-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLUKAI INC. Occupation DESIGNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 08 / 29 / 2015
Transaction ID : SA11.118836
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. ROCHELLE A. WOYCHOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9333 PARK LN
 City COMMERCE TOWNSHIP State MI Zip Code 48382-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 09 / 22 / 2015
Transaction ID : SA11.109949
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 564 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CATHY WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 1137 QUESTOVER CIR

City INDIANAPOLIS State IN Zip Code 46228-1436

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

Name of Employer: WRIGHT INTERIORS Occupation: INTERIOR DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 11 / 25 / 2015
Transaction ID : SA11.137395

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

B. DIANNE WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 909 FLAGLER AV

City KEY WEST State FL Zip Code 33040-4743

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

Name of Employer: INFORMATION REQUESTED PER BEST EFFORTS Occupation: SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 08 / 10 / 2015
Transaction ID : SA11.132108

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

C. MRS. KAREN WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 1240 GAMBIER RD

City MOUNT VERNON State OH Zip Code 43050-3842

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

Name of Employer: ARIEL CORPORATION Occupation: PRESIDENT, CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 08 / 06 / 2015
Transaction ID : SA11.102908

Amount of Each Receipt this Period: 20000.00

Memo Item CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 21250.00 |
| 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 565 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. TADEUSZZ WTKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 WEST WIND DRIVE
 TADWITKO@YAHOO.COM
 City BEDFORD State NH Zip Code 03110-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.119063
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. WARREN WUBKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6625 CRENSHAW DR.
 WUBKER@CFL.RR.COM
 City ORLANDO State FL Zip Code 32835-5749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11.119112
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. RICHARD WYCKOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 J ST.
 404
 City SACRAMENTO State CA Zip Code 95814-2504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIGNITY HEALTH Occupation LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.123896
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 566 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. STEPHEN A. WYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 LAS VEGAS BLVD S
 City LAS VEGAS State NV Zip Code 89109-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WYNN RESORTS Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 11 / 04 / 2015
Transaction ID : SA11.111416
 Amount of Each Receipt this Period
 25000.00
 Memo Item
 CONTRIBUTION

B. ROBERT WYNNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 ABERDEEN CROSSING
 City SPRING State TX Zip Code 77381-5171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ESCONDIDO RESOURCES Occupation GEOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 09 / 10 / 2015
Transaction ID : SA11.105896
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. MATT A. XANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1989
 City DULUTH State GA Zip Code 30096-0035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FORMETCO Occupation PRESIDENT AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 12 / 14 / 2015
Transaction ID : SA11.137584
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 26000.00 |
| 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 567 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ROBYN YACKELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 WARRIOR DR.
 City FRANKLIN State TN Zip Code 37064-5030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIFEPOINT HEALTH Occupation R.N.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11.130294
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. WAYNE YAKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 E. HAMPDEN AVENUE
 City ENGLEWOOD State CO Zip Code 80113-2702
 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 **0.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : SA11.136673
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

C. MICHAEL B. YANNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 FARNAM ST STE 2850
 City OMAHA State NE Zip Code 68102-2076
 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 **0.00**

Date of Receipt **12 / 22 / 2015**
Transaction ID : SA11.137712
 Amount of Each Receipt this Period **1000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| 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: (check only one) | PAGE 568 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DOUGLAS YARROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 5019 LAKEVIEW CANYON ROAD
 City WESTLAKE VILLAGE State CA Zip Code 91362-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH RANCH PARTNERS Occupation MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.106656
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. BLAINE YATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2188 W 470 S
 City PROVO State UT Zip Code 84601-3882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : SA11.136678
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. KRISTI YEAGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 RUMSEY DRIVE
 City RIVERSIDE State CA Zip Code 92506-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MY KIDS/CHARITY Occupation VOLUNTEER/MOM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.123963
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| 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 569 OF 1266 (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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. JOANNE YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 LINNEAN AVE, NW
 City WASHINGTON State DC Zip Code 20008-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KIRSTEIN & YOUNG MANAGING PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11.110570
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. KAY YOUNGLOVE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2895 NORTHSIDE DR. NW
 City ATLANTA State GA Zip Code 30305-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : SA11.137755
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

C. RONALD YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3360 APOLLO CIRCLE
 95661
 City ROSEVILLE State CA Zip Code 95661-3965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOCIAL SECURITY RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.123948
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

| | |
|--|---------|
| 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: (check only one) | PAGE 570 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. WILLIAM M. YOUNG JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 COUNTRY CLUB RD
 City CAMP HILL State PA Zip Code 17011-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 26 / 2015**
Transaction ID : SA11.111348
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

B. SALLY ZAJONC
 Full Name (Last, First, Middle Initial)
 Mailing Address VALLE GRANDE DR
 City ESCONDIDO State CA Zip Code 92025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICAL THERAPIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 19 / 2015**
Transaction ID : SA11.107301
 Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION

C. DAVID ZALLIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 PENHALE PASSAGE
 City MEDFORD State NJ Zip Code 08055-3357
 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 **0.00**

Date of Receipt **09 / 19 / 2015**
Transaction ID : SA11.127921
 Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 571 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARGARET ZEIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 BARTON AVENUE
 City PALM BEACH State FL Zip Code 33480-6115
 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 ▼ 0.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.136694
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. ANDREW A. ZIEGLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N CORPORATE DR SUITE 190
 City BROOKFIELD State WI Zip Code 53045-5866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11.107102
 Amount of Each Receipt this Period 100000.00
 Memo Item
 CONTRIBUTION

C. MRS. NORMA E. ZIMDAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 N PLACITA DEL TIO
 City TUCSON State AZ Zip Code 85750-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11.102714
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 125250.00
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 572 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MRS. NORMA E. ZIMDAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 N PLACITA DEL TIO
 City TUCSON State AZ Zip Code 85750-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.107938
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

B. MRS. NORMA E. ZIMDAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 N PLACITA DEL TIO
 City TUCSON State AZ Zip Code 85750-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : SA11.137711
 Amount of Each Receipt this Period
 15000.00
 Memo Item
 CONTRIBUTION

C. SHELLEY ZIMMERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4782 OUTER BANK DR
 City PEACHTREE CORNERS State GA Zip Code 30092-1111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer POPE AND LAND ENT. Occupation REAL ESTATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137575
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 25500.00
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 573 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SALVATORE ZIZZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 GRACIE SQUARE
 City NY State NY Zip Code 10028-8001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FINANCIAL EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11.108656
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. DAVID ZROSTLIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 US HIGHWAY 69
 D.ZROSTLIK@MCHSI.COM
 City GARNER State IA Zip Code 50438-1526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STELLAR INDUSTRIES, INC. Occupation MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.119075
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. 656 PARTNERS LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 NORTHSIDE PKWY
 B. 400 S 350
 City ATLANTA State GA Zip Code 30327-2882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.137573
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION
 ATTRIBUTION TO PARTNERS REQUESTED; SEE ATTRIBUTION BELOW

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| 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 574 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. D. BOYD JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 3715 NORTHSIDE PKWY NW
B. 400 S 350

City ATLANTA State GA Zip Code 30327-2882

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

Name of Employer 656 PARTNERS LLC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11.137836

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION ATTRIBUTION TO PARTNERS REQUESTED

B. C. LEE WEEDDALL
Full Name (Last, First, Middle Initial)

Mailing Address 3715 NORTHSIDE PKWY NW
B. 400 S 350

City ATLANTA State GA Zip Code 30327-2882

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

Name of Employer 656 PARTNERS LLC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11.137837

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION ATTRIBUTION TO PARTNERS REQUESTED

C. JAMES E. YOUNG JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3715 NORTHSIDE PKWY NW
B. 400 S 350

City ATLANTA State GA Zip Code 30327-2882

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

Name of Employer 656 PARTNERS LLC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11.137835

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

PARTNERSHIP ATTRIBUTION ATTRIBUTION TO PARTNERS REQUESTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 575 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. AMERICAN SENIORS ASSOCIATION

Mailing Address 353 6TH AVENUE WEST

City State Zip Code
 BRADENTON FL 34205-8820

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015

Transaction ID : SA11.137532

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. BAREFOOT

Mailing Address 1000 SAINT ALBANS DR
 STE 400

City State Zip Code
 RALEIGH NC 27609-7348

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11.137501

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. BETTIS LAW GROUP LLC

Mailing Address 1825 LOCKEWAY DR

City State Zip Code
 ALPHARETTA GA 30004-5930

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11.137576

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED;
 PARTNERSHIP ATTRIBUTION REQUEST

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 576 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. BETTIS, HILL & VANN LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1815 LOCKEWAY DR
 SUITE 106
 City ALPHARETTA State GA Zip Code 30004-5929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.137577
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION
 ATTRIBUTION TO PARTNERS REQUESTED;
 PARTNERSHIP ATTRIBUTION REQUEST

B. CAPACITY MARINE CORPORATION
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 INTERNATIONAL BLVD
 City MAHWAH State NJ Zip Code 07495-0027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11.111481
 Amount of Each Receipt this Period
 10000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION REQUEST

C. CHECK INTO CASH, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 KEITH ST SW
 STE 80
 City CLEVELAND State TN Zip Code 37311-5867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.109059
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION REQUEST

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 15250.00 |
| 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 577 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CROW HOLDINGS LLC

Full Name (Last, First, Middle Initial)
Mailing Address 3819 MAPLE AVE

City DALLAS State TX Zip Code 75219-3913

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11.111051

Amount of Each Receipt this Period
 50000.00

Memo Item
CONTRIBUTION

B. HWIN LLC

Full Name (Last, First, Middle Initial)
Mailing Address 863 SE LIESER POINT RD

City VANCOUVER State WA Zip Code 98664-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11.111470

Amount of Each Receipt this Period
 100000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

C. KRYSTAL CORPORATION INC.

Full Name (Last, First, Middle Initial)
Mailing Address 5042 WILSHIRE BLVD #27732

City LOS ANGELES State CA Zip Code 90036-4305

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : SA11.109166

Amount of Each Receipt this Period
 25000.00

Memo Item
CONTRIBUTION

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 175000.00 |
| 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 578 OF 1266
(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. LA CARRETA DERRY INC
Full Name (Last, First, Middle Initial)
Mailing Address 35 MANCHESTER RD 5A
City DERRY State NH Zip Code 03038-3062
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 12 / 2015
Transaction ID : SA11.108483
Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. LUCAS OIL PRODUCTS, INC.
Full Name (Last, First, Middle Initial)
Mailing Address 302 N SHERIDAN ST
City CORONA State CA Zip Code 92880-2067
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137414
Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

C. MEETINGADVICE LLC
Full Name (Last, First, Middle Initial)
Mailing Address 100 GALLERIA PKWY SUITE 1320
City ATLANTA State GA Zip Code 30339-5948
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 28 / 2015
Transaction ID : SA11.137736
Amount of Each Receipt this Period 2700.00
 Memo Item
CONTRIBUTION
ATTRIBUTION TO PARTNERS REQUESTED;
PARTNERSHIP ATTRIBUTION REQUEST

SUBTOTAL of Receipts This Page (optional).....▶ 13700.00
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 579 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. NEW CENTAUR LLC | | Date of Receipt MM / DD / YYYY 11 / 25 / 2015 Transaction ID : SA11.137417 |
| Mailing Address 10 W MARKET ST STE 200 | | Amount of Each Receipt this Period 2000.00 |
| City INDIANAPOLIS | State IN | Zip Code 46204-2984 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |
| | | <input type="checkbox"/> Memo Item CONTRIBUTION PARTNERSHIP ATTRIBUTION REQUEST |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. RCR CAPITAL CONSULTING LLC | | Date of Receipt MM / DD / YYYY 12 / 14 / 2015 Transaction ID : SA11.137566 |
| Mailing Address PO BOX 9006 | | Amount of Each Receipt this Period 1000.00 |
| City ATLANTA | State GA | Zip Code 31106-1006 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |
| | | <input type="checkbox"/> Memo Item CONTRIBUTION ATTRIBUTION TO PARTNERS REQUESTED; PARTNERSHIP ATTRIBUTION REQUEST |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. SHADOW CANYON LLC | | Date of Receipt MM / DD / YYYY 11 / 12 / 2015 Transaction ID : SA11.137201 |
| Mailing Address 1562 S 187TH CIR | | Amount of Each Receipt this Period 5000.00 |
| City OMAHA | State NE | Zip Code 68130-2809 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |
| | | <input type="checkbox"/> Memo Item CONTRIBUTION ATTRIBUTION TO PARTNERS REQUESTED; PARTNERSHIP ATTRIBUTION REQUEST |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8000.00 |
| 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 580 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SITE STRATEGIES ADVISORY LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 MONUMENT CIR
 STE 801
 City INDIANAPOLIS State IN Zip Code 46204-3047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137403
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION
 ATTRIBUTION TO PARTNERS REQUESTED;
 PARTNERSHIP ATTRIBUTION REQUEST

B. STESCO INVESTMENTS, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 10TH AVE N
 City ONALASKA State WI Zip Code 54650-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 22 / 2015
Transaction ID : SA11.110012
 Amount of Each Receipt this Period 20000.00
 Memo Item
CONTRIBUTION

C. SUNRISE COAL, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1183 E CANVASBACK DR
 City TERRE HAUTE State IN Zip Code 47802-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.137415
 Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION REQUEST

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 31000.00 |
| 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 581 OF 1266 |
| | <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. TABLE TALK, LLC

Mailing Address 1623 DUKE ST

City ALEXANDRIA State VA Zip Code 22314-3406

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.137861

Amount of Each Receipt this Period
 19650.00

Memo Item
CONTRIBUTION

ADVERTISING; PARTNERSHIP ATTRIBUTION REQUEST

Full Name (Last, First, Middle Initial)
B. TARGETED VICTORY LLC

Mailing Address 1033 N FAIRFAX ST
SUITE 400

City ALEXANDRIA State VA Zip Code 22314-1540

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.109945

Amount of Each Receipt this Period
 2814.22

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

Full Name (Last, First, Middle Initial)
C. TGGR CORPORATION LLC

Mailing Address 2885 SANFORD AVE SW
#27731

City GRANDVILLE State MI Zip Code 49418-1342

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11.109165

Amount of Each Receipt this Period
 25000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION; PARTNERSHIP ATTRIBUTION REQUEST

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 47464.22 |
| 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 582 OF 1266 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. THE RIVERSTONE GROUP, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 800 E CANAL ST
STE 1900

City RICHMOND State VA Zip Code 23219-3916

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.109060

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

B. UNITED REFINING INC.

Full Name (Last, First, Middle Initial)
Mailing Address 800 32ND

City NEW YORK CITY State NY Zip Code 10022-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11.111053

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. WOODBRIDGE LUXURY HOMES OF CALIFORNIA, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 14225 VENTURA BLVD
STE 100

City SHERMAN OAKS State CA Zip Code 91423-2758

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : SA11.109163

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 70000.00 |
| 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 583 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. WOODBRIDGE LUXURY HOMES OF CALIFORNIA, INC.
 Mailing Address 14225 VENTURA BLVD
 STE 100
 City State Zip Code
 SHERMAN OAKS CA 91423-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11.109164
 Amount of Each Receipt this Period
 20000.00
 Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WOODBRIDGE LUXURY HOMES OF CALIFORNIA, INC.
 Mailing Address 14225 VENTURA BLVD
 STE 100
 City State Zip Code
 SHERMAN OAKS CA 91423-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.109509
 Amount of Each Receipt this Period
 20000.00
 Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WOODBRIDGE LUXURY HOMES OF CALIFORNIA, INC.
 Mailing Address 14225 VENTURA BLVD
 STE 100
 City State Zip Code
 SHERMAN OAKS CA 91423-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2015
Transaction ID : SA11.137313
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 50000.00
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 584 OF 1266
 (check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. WOODBRIDGE LUXURY HOMES OF CALIFORNIA, INC.

Mailing Address 14225 VENTURA BLVD
STE 100

City State Zip Code
SHERMAN OAKS CA 91423-2758

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11.137557

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | 8051466.09 |

**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 585 OF 1266 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. FRIENDS OF SUSAN COMBS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 160956

| | | |
|----------------|-------------|------------------------|
| City AUSTIN | State TX | Zip Code 78716-0956 |
|----------------|-------------|------------------------|

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 22 | / | 2015 |

Transaction ID : SA11.107946

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. KELLY FOR INDIANA
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3114

| | | |
|----------------------|-------------|------------------------|
| City INDIANAPOLIS | State IN | Zip Code 46206-3114 |
|----------------------|-------------|------------------------|

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2015 |

Transaction ID : SA11.137389

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. SHARON NEGELE FOR STATE REPRESENTATIVE
Full Name (Last, First, Middle Initial)
Mailing Address 401 E PIKE ST

| | | |
|----------------|-------------|------------------------|
| City ATTICA | State IN | Zip Code 47918-1521 |
|----------------|-------------|------------------------|

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2015 |

Transaction ID : SA11.137399

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6500.00 |
| 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 586 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SUE ELLSPERMANN FOR LT. GOVERNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 230
 City FERDINAND State IN Zip Code 47532-0230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.137413
 Amount of Each Receipt this Period
 5000.00
 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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 11500.00 |

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

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

FOR LINE NUMBER: PAGE 587 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN AIRLINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4255 AMON CARTER BLVD
 City FORT WORTH State TX Zip Code 76155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA15.3912
 Amount of Each Receipt this Period
 466.10
 Memo Item
REFUND

B. AMERICAN AIRLINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4255 AMON CARTER BLVD
 City FORT WORTH State TX Zip Code 76155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA15.3913
 Amount of Each Receipt this Period
 587.60
 Memo Item
REFUND

C. AMERICAN AIRLINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4255 AMON CARTER BLVD
 City FORT WORTH State TX Zip Code 76155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA15.3914
 Amount of Each Receipt this Period
 473.10
 Memo Item
REFUND

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1526.80 |
| 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 588 OF 1266 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EXPEDIA INC | | Date of Receipt MM / DD / YYYY 08 / 10 / 2015 |
| Mailing Address 333 108TH AVE NE | | Transaction ID : SA15.3916 |
| City BELLEVUE | State WA | Zip Code 98004 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 321.20 | |
| Name of Employer | Occupation | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | REFUND |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXPEDIA INC | | Date of Receipt MM / DD / YYYY 08 / 10 / 2015 |
| Mailing Address 333 108TH AVE NE | | Transaction ID : SA15.3917 |
| City BELLEVUE | State WA | Zip Code 98004 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 613.68 | |
| Name of Employer | Occupation | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | REFUND |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. EXPEDIA INC | | Date of Receipt MM / DD / YYYY 09 / 02 / 2015 |
| Mailing Address 333 108TH AVE NE | | Transaction ID : SA15.3918 |
| City BELLEVUE | State WA | Zip Code 98004 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 252.37 | |
| Name of Employer | Occupation | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1187.25 |
| 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 589 OF 1266
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES
 Mailing Address P.O. BOX 06649
 City State Zip Code
 CHICAGO IL 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : SA15.3923
 Amount of Each Receipt this Period
 423.20
 Memo Item
REFUND

Full Name (Last, First, Middle Initial)
B. USAIRWAYS
 Mailing Address 111 W RIO SALADO PKWY
 City State Zip Code
 TEMPE AZ 85281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA15.3925
 Amount of Each Receipt this Period
 213.60
 Memo Item
REFUND

Full Name (Last, First, Middle Initial)
C. VOIP SUPPLY LLC
 Mailing Address 80 PINEVIEW DRIVE
 City State Zip Code
 AMHERST NY 14228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA15.3924
 Amount of Each Receipt this Period
 1533.97
 Memo Item
PHONES

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2170.77 |
| TOTAL This Period (last page this line number only)..... | 4884.82 |

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. IGNACIO L ALVAREZ

Mailing Address 7500 CRYSTAL ISLE WAY

City LAS VEGAS State NV Zip Code 89128

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1916

Amount of Each Disbursement this Period

220.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHERI A AUCLAIR

Mailing Address 11650 CEDAR PASS

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2622

Amount of Each Disbursement this Period

353.85

Memo Item

Full Name (Last, First, Middle Initial)

C. SHERI A AUCLAIR

Mailing Address 11650 CEDAR PASS

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2623

Amount of Each Disbursement this Period

353.85

Memo Item

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

927.70

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SHERI A AUCLAIR

Mailing Address 11650 CEDAR PASS

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I2624

Amount of Each Disbursement this Period

433.85

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I2176

Amount of Each Disbursement this Period

969.24

Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB21B.I2177

Amount of Each Disbursement this Period

1384.62

Memo Item

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

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

2787.71

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | | | 0 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2178

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 3 | 8 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | | | 3 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2179

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 3 | 8 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | 2 | | 3 | | 1 | 0 | | |

Transaction ID : SB21B.I2180

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6 | 3 | 4 | . | 8 | 6 |
|---|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 4 | 0 | 3 | . | 8 | 6 |
|---|---|---|---|---|---|---|

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2181

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6 | 3 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MARIE BAILEY

Mailing Address 5355 EDMOND ST #1041

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2182

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6 | 3 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2736

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 3 | 4 | . | 8 | 6 |
|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | |
|---|---|---|---|---|---|
| 3 | 9 | 0 | . | 8 | 6 |
|---|---|---|---|---|---|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2737

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2738

Amount of Each Disbursement this Period

1519.24

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2739

Amount of Each Disbursement this Period

1269.24

Memo Item

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

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

4057.72

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2740

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2741

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2742

Amount of Each Disbursement this Period

1519.24

Memo Item

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

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

4057.72

**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 |
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEVEN C BERRY

Mailing Address 1818 PATRICIA ACRES

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2743

Amount of Each Disbursement this Period

1519.24

Memo Item

Full Name (Last, First, Middle Initial)

B. MEDJINE M BOBO

Mailing Address 136 N. MAIN ST. APT 21A

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2265

Amount of Each Disbursement this Period

288.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MEDJINE M BOBO

Mailing Address 136 N. MAIN ST. APT 21A

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2266

Amount of Each Disbursement this Period

324.00

Memo Item

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

2131.24

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

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

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FOR LINE NUMBER:
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SAMANTHA C BONSACK

Mailing Address 704 OLD ASBURY RD

City ANDERSON State SC Zip Code 29625

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2569

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. SAMANTHA C BONSACK

Mailing Address 704 OLD ASBURY RD

City ANDERSON State SC Zip Code 29625

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2570

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. SAMANTHA C BONSACK

Mailing Address 704 OLD ASBURY RD

City ANDERSON State SC Zip Code 29625

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2571

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SAMANTHA C BONSACK

Mailing Address 704 OLD ASBURY RD

City ANDERSON State SC Zip Code 29625

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2572

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SAMANTHA C BONSACK

Mailing Address 704 OLD ASBURY RD

City ANDERSON State SC Zip Code 29625

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2573

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LEONARD W BRITTON JR.

Mailing Address P.O. BOX 843, 5986 VT 12

City BARNARD State VT Zip Code 05031

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2115

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

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(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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LEONARD W BRITTON JR.

Mailing Address P.O. BOX 843, 5986 VT 12

City BARNARD State VT Zip Code 05031

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2116

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. LEONARD W BRITTON JR.

Mailing Address P.O. BOX 843, 5986 VT 12

City BARNARD State VT Zip Code 05031

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2117

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. LEONARD W BRITTON JR.

Mailing Address P.O. BOX 843, 5986 VT 12

City BARNARD State VT Zip Code 05031

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2118

Amount of Each Disbursement this Period

1353.85

Memo Item

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

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

3661.55

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

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

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(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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ALEXANDER B BROWNING

Mailing Address 5280 BUCK HOLLOW DR.

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1240

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. ALEXANDER B BROWNING

Mailing Address 5280 BUCK HOLLOW DR.

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1241

Amount of Each Disbursement this Period

1703.85

Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM B CANFIELD III

Mailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2973

Amount of Each Disbursement this Period

8500.00

Memo Item

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

11819.24

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM B CANFIELD III

Mailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2974

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM B CANFIELD III

Mailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2975

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM B CANFIELD III

Mailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2976

Amount of Each Disbursement this Period

7500.00

Memo Item

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

24500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

| | | | | | | | |
|---|--------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 602 OF 1266 | | | | | |
| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. WILLIAM B CANFIELD III | | Date of Disbursement MM / DD / YYYY 07 / 29 / 2015 |
| Mailing Address 1900 M ST NW STE 600 | | Transaction ID : SB21B.I2977 |
| City WASHINGTON State DC Zip Code 20036 | Amount of Each Disbursement this Period 7500.00 | |
| Purpose of Disbursement LEGAL SERVICES | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. WILLIAM B CANFIELD III | | Date of Disbursement MM / DD / YYYY 08 / 27 / 2015 |
| Mailing Address 1900 M ST NW STE 600 | | Transaction ID : SB21B.I2978 |
| City WASHINGTON State DC Zip Code 20036 | Amount of Each Disbursement this Period 8500.00 | |
| Purpose of Disbursement LEGAL SERVICES | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. MITCHELL E CARNEY | | Date of Disbursement MM / DD / YYYY 11 / 24 / 2015 |
| Mailing Address 6622 BOULEVARD VIEW | | Transaction ID : SB21B.I2305 |
| City ALEXANDRIA State VA Zip Code 22307 | Amount of Each Disbursement this Period 397.83 | |
| Purpose of Disbursement REIMBURSEMENT | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | 16397.83 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I3362

Amount of Each Disbursement this Period

216.59

Memo Item
CARNEY 11/24

Full Name (Last, First, Middle Initial)

B. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2306

Amount of Each Disbursement this Period

516.31

Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2015

Transaction ID : SB21B.I3361

Amount of Each Disbursement this Period

516.31

Memo Item
CARNEY 11/24

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

516.31

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2307

Amount of Each Disbursement this Period

484.62

Memo Item

Full Name (Last, First, Middle Initial)

B. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2308

Amount of Each Disbursement this Period

1865.39

Memo Item

Full Name (Last, First, Middle Initial)

C. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2309

Amount of Each Disbursement this Period

1615.39

Memo Item

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

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

3965.40

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2310

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2311

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement
SALARY

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
11 / 20 / 2015

Transaction ID : SB21B.I2312

Amount of Each Disbursement this Period

1865.39

Memo Item

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

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

5096.17

**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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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MITCHELL E CARNEY

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2313

Amount of Each Disbursement this Period

1865.39

Memo Item

Full Name (Last, First, Middle Initial)

B. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I1764

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1765

Amount of Each Disbursement this Period

1153.85

Memo Item

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

4173.09

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1766

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1767

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1768

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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

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

Use separate schedule(s)
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1769

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1770

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1771

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1772

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1773

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1774

Amount of Each Disbursement this Period

1403.85

Memo Item

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

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

4211.55

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1775

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1776

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DEIRDRE M CARSON

Mailing Address 19 TOKANEL DR.

City LONDONDERRY State NH Zip Code 03053

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1777

Amount of Each Disbursement this Period

1403.85

Memo Item

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

4211.55

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAROLINE S CAVENDISH

Mailing Address 3680 STONE STATION RD

City SPARTANBURG State SC Zip Code 29306

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1550

Amount of Each Disbursement this Period

288.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOTT L CHANCE

Mailing Address 1613 PINNACLE LN

City EDMOND State OK Zip Code 73003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2600

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOTT L CHANCE

Mailing Address 1613 PINNACLE LN

City EDMOND State OK Zip Code 73003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2601

Amount of Each Disbursement this Period

1615.39

Memo Item

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

3518.78

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOTT L CHANCE

Mailing Address 1613 PINNACLE LN

City EDMOND State OK Zip Code 73003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3952

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1869

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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1870

Amount of Each Disbursement this Period

853.85

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1871

Amount of Each Disbursement this Period

853.85

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1872

Amount of Each Disbursement this Period

853.85

Memo Item

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

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

2561.55

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1873

Amount of Each Disbursement this Period

853.85

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1874

Amount of Each Disbursement this Period

853.85

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1875

Amount of Each Disbursement this Period

853.85

Memo Item

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

2561.55

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:
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1876

Amount of Each Disbursement this Period

1353.85

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1877

Amount of Each Disbursement this Period

1353.85

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1878

Amount of Each Disbursement this Period

1353.85

Memo Item

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

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

4061.55

**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)

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Full Name (Last, First, Middle Initial)

A. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1879

Amount of Each Disbursement this Period

1353.85

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1880

Amount of Each Disbursement this Period

1353.85

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE G CHANDLER

Mailing Address BOX 296

City BARLETT State NH Zip Code 03812

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1881

Amount of Each Disbursement this Period

1353.85

Memo Item

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

4061.55

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

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 |
| 10 | | 09 | | 2015 |

Transaction ID : **SB21B.I2558**

Amount of Each Disbursement this Period

| |
|---------|
| 2076.93 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

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 |
| 11 | | 06 | | 2015 |

Transaction ID : **SB21B.I2559**

Amount of Each Disbursement this Period

| |
|---------|
| 2076.93 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : **SB21B.I2560**

Amount of Each Disbursement this Period

| |
|---------|
| 2076.93 |
|---------|

Memo Item

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

| |
|---------|
| 6230.79 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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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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Full Name (Last, First, Middle Initial)

A. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2561

Amount of Each Disbursement this Period

2076.93

Memo Item

Full Name (Last, First, Middle Initial)

B. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2562

Amount of Each Disbursement this Period

2076.93

Memo Item

Full Name (Last, First, Middle Initial)

C. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2563

Amount of Each Disbursement this Period

2326.93

Memo Item

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

6480.79

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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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Full Name (Last, First, Middle Initial)

A. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

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
11 / 20 / 2015

Transaction ID : SB21B.I2564

Amount of Each Disbursement this Period

2326.93

Memo Item

Full Name (Last, First, Middle Initial)

B. SALLY T CHRISTENSEN

Mailing Address 1416 SAPPHIRE SPRINGS CIR

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2565

Amount of Each Disbursement this Period

2326.93

Memo Item

Full Name (Last, First, Middle Initial)

C. JON P COLEY

Mailing Address 9615 US HWY 431

City WELLINGTON State AL Zip Code 36279

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I1981

Amount of Each Disbursement this Period

3692.31

Memo Item

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

8346.17

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JON P COLEY

Mailing Address 9615 US HWY 431

City WELLINGTON State AL Zip Code 36279

Purpose of Disbursement SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I1982

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. JON P COLEY

Mailing Address 9615 US HWY 431

City WELLINGTON State AL Zip Code 36279

Purpose of Disbursement SALARY

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 |
| 12 | | 18 | | 2015 |

Transaction ID : SB21B.I1983

Amount of Each Disbursement this Period

| |
|---------|
| 3942.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. BRANDON W COLLINS

Mailing Address 6902 N 52ND W AVE

City TULSA State OK Zip Code 74126

Purpose of Disbursement SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I1460

Amount of Each Disbursement this Period

| |
|--------|
| 923.08 |
|--------|

Memo Item

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

| |
|---------|
| 8557.70 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BRANDON W COLLINS

Mailing Address 6902 N 52ND W AVE

City TULSA State OK Zip Code 74126

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1461

Amount of Each Disbursement this Period

2400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1251

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1252

Amount of Each Disbursement this Period

600.00

Memo Item

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

2400.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1253

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1254

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1255

Amount of Each Disbursement this Period

800.00

Memo Item

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement
SALARY

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 | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1256

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 8 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. AMANDA M COPELAND

Mailing Address 7 BATTEN ST #2

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement
SALARY

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 | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 8 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1257

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 8 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CARRIE A COXEN

Mailing Address 7505 BUENA VISTA TERRACE

City DERWOOD State MD Zip Code 20855

Purpose of Disbursement
SALARY

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 | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 6 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1551

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 3 | 8 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

Memo Item

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 9 | 8 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 9 | 8 | 4 | . | 6 | 2 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CARRIE A COXEN

Mailing Address 7505 BUENA VISTA TERRACE

City DERWOOD State MD Zip Code 20855

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1552

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CARRIE A COXEN

Mailing Address 7505 BUENA VISTA TERRACE

City DERWOOD State MD Zip Code 20855

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1553

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CARRIE A COXEN

Mailing Address 7505 BUENA VISTA TERRACE

City DERWOOD State MD Zip Code 20855

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1554

Amount of Each Disbursement this Period

1384.62

Memo Item

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

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

4153.86

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CARRIE A COXEN

Mailing Address 7505 BUENA VISTA TERRACE

City DERWOOD State MD Zip Code 20855

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1555

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. MR. ERIC CROWN

Mailing Address 5665 VALLE VISTA RD

City PHOENIX State AZ Zip Code 85018-2018

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.109062

Amount of Each Disbursement this Period

4468.50

Memo Item
EVENT COSTS

Full Name (Last, First, Middle Initial)

C. BRANDON T DAVENPORT

Mailing Address 5120 LAKE ST

City CEDAR FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1459

Amount of Each Disbursement this Period

382.50

Memo Item

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

6235.62

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SAMUEL M DAVIDSON

Mailing Address 4311 N GEORGIA

City OKLAHOMA CITY State OK Zip Code 73108

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2580

Amount of Each Disbursement this Period

830.77

Memo Item

Full Name (Last, First, Middle Initial)

B. SAMUEL M DAVIDSON

Mailing Address 4311 N GEORGIA

City OKLAHOMA CITY State OK Zip Code 73108

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2581

Amount of Each Disbursement this Period

923.08

Memo Item

Full Name (Last, First, Middle Initial)

C. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2995

Amount of Each Disbursement this Period

1153.85

Memo Item

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

2907.70

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

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 |
| 07 | / | 17 | / | 2015 |

Transaction ID : SB21B.I2996

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

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 |
| 08 | / | 14 | / | 2015 |

Transaction ID : SB21B.I2997

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

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 |
| 09 | / | 11 | / | 2015 |

Transaction ID : SB21B.I2998

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

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

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|---------|
| 3461.55 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 09 | | | 2015 | | | |

Transaction ID : SB21B.I2999

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | |

Transaction ID : SB21B.I3000

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 04 | | | 2015 | | | |

Transaction ID : SB21B.I3001

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

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

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

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|---------|
| 4153.86 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I3002

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I3003

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I3004

Amount of Each Disbursement this Period

1403.85

Memo Item

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

4192.32

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I3005

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I3006

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I3007

Amount of Each Disbursement this Period

1634.62

Memo Item

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

4903.86

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YVONNE M DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City NORTHWOOD State NH Zip Code 03261

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I3008

Amount of Each Disbursement this Period

| |
|---------|
| 1634.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 24 | / | 2015 |

Transaction ID : SB21B.I1959

Amount of Each Disbursement this Period

| |
|--------|
| 360.05 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 24 | / | 2015 |

Transaction ID : SB21B.I1960

Amount of Each Disbursement this Period

| |
|--------|
| 504.29 |
|--------|

Memo Item

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

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

| |
|---------|
| 2498.96 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. REGUS

Mailing Address P.O. BOX 842456

City DALLAS State TX Zip Code 75284

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I3616

Amount of Each Disbursement this Period

504.29

Memo Item
DEJOURNETT 12/24

Full Name (Last, First, Middle Initial)

B. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1961

Amount of Each Disbursement this Period

3576.93

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1962

Amount of Each Disbursement this Period

3576.93

Memo Item

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

7153.86

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1963

Amount of Each Disbursement this Period

3826.93

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER J DEJOURNETT

Mailing Address 18094 GLADSTONE BLVD N

City MAPLE GROVE State MN Zip Code 55311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1964

Amount of Each Disbursement this Period

3826.93

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514 SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB21B.I2028

Amount of Each Disbursement this Period

782.93

Memo Item

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

8436.79

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2015

Transaction ID : SB21B.I3299

Amount of Each Disbursement this Period

647.60

Memo Item
DELZELL 10/8

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514 SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB21B.I2029

Amount of Each Disbursement this Period

930.91

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.I3648

Amount of Each Disbursement this Period

676.00

Memo Item
DELZELL 10/8

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

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

930.91

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2030

Amount of Each Disbursement this Period

2979.97

Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I3438

Amount of Each Disbursement this Period

257.49

Memo Item
DELZELL 10/29

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I3667

Amount of Each Disbursement this Period

921.06

Memo Item
DELZELL 10/29

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

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

2979.97

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YOTEL

Mailing Address 570 10TH AVE

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2015

Transaction ID : SB21B.I3908

Amount of Each Disbursement this Period

727.64

Memo Item
DELZELL 10/29

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514 SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2031

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514 SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2032

Amount of Each Disbursement this Period

2307.69

Memo Item

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

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

4615.38

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2033

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2034

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2035

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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2036

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2037

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2038

Amount of Each Disbursement this Period

2557.69

Memo Item

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

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

7673.07

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
10 / 23 / 2015

Transaction ID : SB21B.I2039

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
08 / 07 / 2015

Transaction ID : SB21B.I2040

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
11 / 06 / 2015

Transaction ID : SB21B.I2041

Amount of Each Disbursement this Period

2307.69

Memo Item

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

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

14865.38

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2042

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2043

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
11 / 20 / 2015

Transaction ID : SB21B.I2044

Amount of Each Disbursement this Period

2557.69

Memo Item

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

7173.07

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R DELZELL

Mailing Address 1919 14TH ST NW SUITE #514
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : **SB21B.I2045**

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
SALARY

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
07 / 03 / 2015

Transaction ID : **SB21B.I2721**

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
SALARY

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
07 / 17 / 2015

Transaction ID : **SB21B.I2722**

Amount of Each Disbursement this Period

3692.31

Memo Item

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

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

9942.31

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2723

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2724

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2725

Amount of Each Disbursement this Period

3692.31

Memo Item

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

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

11076.93

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2726

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2727

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2728

Amount of Each Disbursement this Period

3692.31

Memo Item

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

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

11076.93

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2729

Amount of Each Disbursement this Period

5769.24

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2730

Amount of Each Disbursement this Period

5769.24

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2731

Amount of Each Disbursement this Period

5769.24

Memo Item

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

17307.72

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2732

Amount of Each Disbursement this Period

5769.24

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2733

Amount of Each Disbursement this Period

5769.24

Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN A DEMAURA

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2734

Amount of Each Disbursement this Period

5769.24

Memo Item

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

17307.72

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOSEPH M DESILETS

Mailing Address 13009 KINGSWELL DR.

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement
SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I1994

Amount of Each Disbursement this Period

| |
|---------|
| 1615.39 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH M DESILETS

Mailing Address 13009 KINGSWELL DR.

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement
SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I1995

Amount of Each Disbursement this Period

| |
|---------|
| 1615.39 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH M DESILETS

Mailing Address 13009 KINGSWELL DR.

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement
SALARY

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 |
| 12 | | 18 | | 2015 |

Transaction ID : SB21B.I1996

Amount of Each Disbursement this Period

| |
|---------|
| 1865.39 |
|---------|

Memo Item

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

| |
|---------|
| 5096.17 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOSEPH M DESILETS

Mailing Address 13009 KINGSWELL DR.

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 14 | | | 2015 | | | |

Transaction ID : SB21B.I3942

Amount of Each Disbursement this Period

| |
|--------|
| 646.16 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN L DETERS

Mailing Address 1902 NW 10TH ST

City ANKENY State IA Zip Code 50023

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 31 | | | 2015 | | | |

Transaction ID : SB21B.I2013

Amount of Each Disbursement this Period

| |
|--------|
| 236.25 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN L DETERS

Mailing Address 1902 NW 10TH ST

City ANKENY State IA Zip Code 50023

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2015 | | | |

Transaction ID : SB21B.I2014

Amount of Each Disbursement this Period

| |
|--------|
| 251.25 |
|--------|

Memo Item

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

| |
|---------|
| 1133.66 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KAREN L DETERS

Mailing Address 1902 NW 10TH ST

City ANKENY State IA Zip Code 50023

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2015

Amount of Each Disbursement this Period

371.25

Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN L DETERS

Mailing Address 1902 NW 10TH ST

City ANKENY State IA Zip Code 50023

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2016

Amount of Each Disbursement this Period

498.75

Memo Item

Full Name (Last, First, Middle Initial)

C. JESSICA M DEVIVO

Mailing Address 8144 PECAN VALLEY AVE

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1965

Amount of Each Disbursement this Period

692.31

Memo Item

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

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

1562.31

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JESSICA M DEVIVO

Mailing Address 8144 PECAN VALLEY AVE

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1966

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. JESSICA M DEVIVO

Mailing Address 8144 PECAN VALLEY AVE

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1967

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. JESSICA M DEVIVO

Mailing Address 8144 PECAN VALLEY AVE

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1968

Amount of Each Disbursement this Period

1634.62

Memo Item

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

4403.86

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:
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| | | | | | |
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREW W DEYOUNG

Mailing Address 2 COB RD

City BOW State NH Zip Code 03304

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1343

Amount of Each Disbursement this Period

204.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREW W DEYOUNG

Mailing Address 2 COB RD

City BOW State NH Zip Code 03304

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1344

Amount of Each Disbursement this Period

402.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANDREW W DEYOUNG

Mailing Address 2 COB RD

City BOW State NH Zip Code 03304

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1345

Amount of Each Disbursement this Period

504.00

Memo Item

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

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

1110.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREW W DEYOUNG

Mailing Address 2 COB RD

City BOW State NH Zip Code 03304

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1346

Amount of Each Disbursement this Period

552.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREW W DEYOUNG

Mailing Address 2 COB RD

City BOW State NH Zip Code 03304

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1347

Amount of Each Disbursement this Period

652.50

Memo Item

Full Name (Last, First, Middle Initial)

C. KASANDRA J DILLON

Mailing Address 82 HIGH ST

City AGAWAM State MA Zip Code 01001

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2021

Amount of Each Disbursement this Period

240.00

Memo Item

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

1444.50

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KASANDRA J DILLON

Mailing Address 82 HIGH ST

City AGAWAM State MA Zip Code 01001

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2022

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KASANDRA J DILLON

Mailing Address 82 HIGH ST

City AGAWAM State MA Zip Code 01001

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2023

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLAZE A DRINKWINE

Mailing Address 398 3RD AVE S

City ST. CLOUD State MN Zip Code 56301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1439

Amount of Each Disbursement this Period

444.45

Memo Item

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

1194.45

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLAZE A DRINKWINE

Mailing Address 398 3RD AVE S

City ST. CLOUD State MN Zip Code 56301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1440

Amount of Each Disbursement this Period

544.45

Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH C DUNN

Mailing Address 803 NEW YORK

City HOLTON State KS Zip Code 66436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1798

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN T DWYER

Mailing Address P.O. BOX 310, 96 WINTER'S WAY

City EAST BURKE State VT Zip Code 05832

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2546

Amount of Each Disbursement this Period

1153.85

Memo Item

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

2852.15

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 07 | | 03 | | 2015 |

Transaction ID : SB21B.I2213

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 07 | | 17 | | 2015 |

Transaction ID : SB21B.I2214

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 07 | | 31 | | 2015 |

Transaction ID : SB21B.I2215

Amount of Each Disbursement this Period

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|---------|
| 3692.31 |
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Memo Item

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

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

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| 11076.93 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2216

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2218

Amount of Each Disbursement this Period

3692.31

Memo Item

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

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

11076.93

**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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Full Name (Last, First, Middle Initial)

A. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SB21B.I2219

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 09 | / | 2015 |

Transaction ID : SB21B.I2220

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 23 | / | 2015 |

Transaction ID : SB21B.I2221

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
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Memo Item

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

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

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| 11076.93 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 06 | | 2015 |

Transaction ID : SB21B.I2222

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 20 | | 2015 |

Transaction ID : SB21B.I2223

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I2224

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
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Memo Item

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

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

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| 11076.93 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I2225

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K EARNHARDT

Mailing Address 645 65TH PLACE UNIT #185
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2226

Amount of Each Disbursement this Period

| |
|---------|
| 3692.31 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. DIAB T EID

Mailing Address 22 HIBISCUS WAY

City NASHUA State NH Zip Code 03062

Purpose of Disbursement
SALARY

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I1782

Amount of Each Disbursement this Period

| |
|--------|
| 216.00 |
|--------|

Memo Item

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

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

| |
|---------|
| 7600.62 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DIAB T EID

Mailing Address 22 HIBISCUS WAY

City NASHUA State NH Zip Code 03062

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1783

Amount of Each Disbursement this Period

240.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2084

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2085

Amount of Each Disbursement this Period

1153.85

Memo Item

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

2547.70

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2086

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2087

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

C. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2088

Amount of Each Disbursement this Period

1403.85

Memo Item

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

3826.94

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : **SB21B.I2089**

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN D FAIRBROTHER

Mailing Address 17 REV. HOUSTON DR.

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I2090**

Amount of Each Disbursement this Period

1519.24

Memo Item

Full Name (Last, First, Middle Initial)

C. YANCE A FALKNER

Mailing Address 2356 HWY 389

City WOODLAND State MS Zip Code 39776

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I2987**

Amount of Each Disbursement this Period

807.70

Memo Item

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

3730.79

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YANCE A FALKNER

Mailing Address 2356 HWY 389

City WOODLAND State MS Zip Code 39776

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 31 | | | 2015 | | | |

Transaction ID : SB21B.I2988

Amount of Each Disbursement this Period

| |
|---------|
| 1615.39 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH F FERRIS

Mailing Address 32 APRIL DRIVE

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | |

Transaction ID : SB21B.I1993

Amount of Each Disbursement this Period

| |
|--------|
| 312.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTEN A FERRIS

Mailing Address 32 APRIL DRIVE

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2015 | | | |

Transaction ID : SB21B.I2099

Amount of Each Disbursement this Period

| |
|--------|
| 276.00 |
|--------|

Memo Item

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

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

| |
|---------|
| 2203.39 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KRISTEN A FERRIS

Mailing Address 32 APRIL DRIVE

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2100

Amount of Each Disbursement this Period

312.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN J FISENNE

Mailing Address 10932 CHAMBERLAIN HALL CT

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2735

Amount of Each Disbursement this Period

264.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ABIGAIL R FLANDERS

Mailing Address 1438 STORY DR.

City KNOXVILLE State IA Zip Code 50138

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1227

Amount of Each Disbursement this Period

1061.54

Memo Item

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

1637.54

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ABIGAIL R FLANDERS

Mailing Address 1438 STORY DR.

City KNOXVILLE State IA Zip Code 50138

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 18 | | | 2015 | | | |

Transaction ID : SB21B.I1228

Amount of Each Disbursement this Period

| |
|---------|
| 1311.54 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL P FOUNTAIN

Mailing Address 116 FISHERDICK RD, P.O. BOX 570

City WARE State MA Zip Code 01082

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 23 | | | 2015 | | | |

Transaction ID : SB21B.I2283

Amount of Each Disbursement this Period

| |
|--------|
| 210.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 03 | | | 2015 | | | |

Transaction ID : SB21B.I1307

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

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

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

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| 2675.39 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1308

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1309

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1310

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1311

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1312

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1313

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1314

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1315

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1316

Amount of Each Disbursement this Period

1403.85

Memo Item

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

3961.55

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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1317

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1318

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1319

Amount of Each Disbursement this Period

1403.85

Memo Item

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

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

4211.55

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMY C FRAKES

Mailing Address 405 WEST K ST

City FOREST CITY State IA Zip Code 50436

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1320

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1984

Amount of Each Disbursement this Period

807.70

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1985

Amount of Each Disbursement this Period

1153.85

Memo Item

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

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

3365.40

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB21B.I1986

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I1987

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SB21B.I1988

Amount of Each Disbursement this Period

1403.85

Memo Item

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

3711.55

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1989

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH E GARVEY

Mailing Address 255 WOODLAND ST

City WEST BOYLSTON State MA Zip Code 01583

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1990

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DALTON D GLASSCOCK

Mailing Address 9014 W BRITTON CIR

City WICHITA State KS Zip Code 67205

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1727

Amount of Each Disbursement this Period

346.16

Memo Item

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

3153.86

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. DALTON D GLASSCOCK | | Date of Disbursement MM / DD / YYYY 12 / 31 / 2015 |
| Mailing Address 9014 W BRITTON CIR | | Transaction ID : SB21B.I1728 |
| City WICHITA | State KS | |
| Zip Code 67205 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 692.31 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BETTY A GLEASON | | Date of Disbursement MM / DD / YYYY 12 / 31 / 2015 |
| Mailing Address 407 38TH ST | | Transaction ID : SB21B.I1431 |
| City WEST DES MOINES | State IA | |
| Zip Code 50265 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 240.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BRIAN E GLOYD | | Date of Disbursement MM / DD / YYYY 11 / 06 / 2015 |
| Mailing Address 30 BAYBERRY LANE | | Transaction ID : SB21B.I1463 |
| City SO BURLINGTON | State VT | |
| Zip Code 05403 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 576.92 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1509.23 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BRIAN E GLOYD

Mailing Address 30 BAYBERRY LANE

City SO BURLINGTON State VT Zip Code 05403

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I3938

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 0 | 3 | 8 | 5 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRIS GODBEY

Mailing Address 4329 36TH ST S

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1603

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 7 | 2 | 5 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRIS GODBEY

Mailing Address 4329 36TH ST S

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 2 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1604

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 7 | 2 | 5 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 8 | 0 | 3 | 8 | 5 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 8 | 0 | 3 | 8 | 5 |
|---|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRIS GODBEY

Mailing Address 4329 36TH ST S

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1605

Amount of Each Disbursement this Period

307.88

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRIS GODBEY

Mailing Address 4329 36TH ST S

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1606

Amount of Each Disbursement this Period

929.60

Memo Item

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I3429

Amount of Each Disbursement this Period

468.12

Memo Item
GODBEY 12/18

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

1237.48

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

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 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 | | | | 08 | | | | 2015 | | | | | |

Transaction ID : SB21B.I3803

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 8 | 3 | . | 2 | 0 |
|---|---|---|---|---|---|

Memo Item
GODBEY 12/18

Full Name (Last, First, Middle Initial)

B. ELIZABETH C GRAVES

Mailing Address 16 SPRING FOREST CT

City GREENVILLE State SC Zip Code 29615

Purpose of Disbursement
SALARY

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 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 | | | | 31 | | | | 2015 | | | | | |

Transaction ID : SB21B.I1799

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 0 | 4 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREN J GRAVES

Mailing Address 315 HUNTCLIFF DR.

City TAYLORS State SC Zip Code 29687

Purpose of Disbursement
SALARY

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 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 | | | | 31 | | | | 2015 | | | | | |

Transaction ID : SB21B.I2107

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 6 | 2 | . | 5 | 0 |
|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | |
|---|---|---|---|---|---|
| 4 | 6 | 6 | . | 5 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 4 | 6 | 6 | . | 5 | 0 |
|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. REBECCA E GRAY

Mailing Address 5 YORK RD

City HAMPSTEAD State NH Zip Code 03841

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2504

Amount of Each Disbursement this Period

204.00

Memo Item

Full Name (Last, First, Middle Initial)

B. REBECCA E GRAY

Mailing Address 5 YORK RD

City HAMPSTEAD State NH Zip Code 03841

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2505

Amount of Each Disbursement this Period

228.00

Memo Item

Full Name (Last, First, Middle Initial)

C. REBECCA E GRAY

Mailing Address 5 YORK RD

City HAMPSTEAD State NH Zip Code 03841

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2506

Amount of Each Disbursement this Period

247.50

Memo Item

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

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

679.50

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AARON D GULBRANSEN

Mailing Address 11803 ASHWOOD CT

City State Zip Code
LOCUST GROVE VA 22508

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : **SB21B.I1221**

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. AARON D GULBRANSEN

Mailing Address 11803 ASHWOOD CT

City State Zip Code
LOCUST GROVE VA 22508

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : **SB21B.I1222**

Amount of Each Disbursement this Period

1653.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ASHLEY D HAHN

Mailing Address 8213 NW 79TH ST

City State Zip Code
OKLAHOMA CITY OK 73132

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : **SB21B.I1388**

Amount of Each Disbursement this Period

923.08

Memo Item

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

4192.32

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ASHLEY D HAHN

Mailing Address 8213 NW 79TH ST

City OKLAHOMA CITY State OK Zip Code 73132

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.I3948

Amount of Each Disbursement this Period

830.77

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY A HALE JR.

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : SB21B.I1949

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALKER RENTALS

Mailing Address 97 W PEARL ST

City NASHUA State NH Zip Code 03060

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I3865

Amount of Each Disbursement this Period

3000.00

Memo Item

HALE 12/17

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

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

3830.77

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JEFFREY A HALE JR.

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB21B.I1950

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY A HALE JR.

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I1951

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY A HALE JR.

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I1952

Amount of Each Disbursement this Period

1288.47

Memo Item

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

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

3596.17

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JEFFREY A HALE JR.

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

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 |
| 12 | | 18 | | 2015 |

Transaction ID : SB21B.I1953

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREA C HARLIN

Mailing Address 1491 MCCARTHY RD

City State Zip Code
EAGAN MN 55121

Purpose of Disbursement
SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I1322

Amount of Each Disbursement this Period

| |
|--------|
| 353.85 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. ANDREA C HARLIN

Mailing Address 1491 MCCARTHY RD

City State Zip Code
EAGAN MN 55121

Purpose of Disbursement
SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I1323

Amount of Each Disbursement this Period

| |
|--------|
| 353.85 |
|--------|

Memo Item

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

| |
|---------|
| 2111.55 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREA C HARLIN

Mailing Address 1491 MCCARTHY RD

City EAGAN State MN Zip Code 55121

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : **SB21B.I1324**

Amount of Each Disbursement this Period

433.85

Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER K HARRIS

Mailing Address 4101 MT ATLAS LN

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : **SB21B.I2953**

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER K HARRIS

Mailing Address 4101 MT ATLAS LN

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.I2954**

Amount of Each Disbursement this Period

1615.39

Memo Item

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

3664.63

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WALTER K HARRIS

Mailing Address 4101 MT ATLAS LN

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2955

Amount of Each Disbursement this Period

1865.39

Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER K HARRIS

Mailing Address 4101 MT ATLAS LN

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I3940

Amount of Each Disbursement this Period

484.62

Memo Item

Full Name (Last, First, Middle Initial)

C. RHONDA A. HAWKS

Mailing Address 1446 N 142ND CIR

City OMAHA State NE Zip Code 68154-3876

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.137813

Amount of Each Disbursement this Period

5401.61

Memo Item

EVENT EXPENSES - CATERING, AV RENTALS, PARKING

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

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

7751.62

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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KRISTALLE M HERDA

Mailing Address 3325 PLAZA DEL PAZ

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement
SALARY

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 |
| 12 | / | 04 | / | 2015 |

Transaction ID : SB21B.I2094

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTALLE M HERDA

Mailing Address 3325 PLAZA DEL PAZ

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement
SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2095

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTALLE M HERDA

Mailing Address 3325 PLAZA DEL PAZ

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement
SALARY

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 |
| 11 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2096

Amount of Each Disbursement this Period

| |
|---------|
| 1634.62 |
|---------|

Memo Item

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

| |
|---------|
| 4403.86 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KRISTALLE M HERDA

Mailing Address 3325 PLAZA DEL PAZ

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 18 | | | 2015 | | | |

Transaction ID : SB21B.I2097

Amount of Each Disbursement this Period

| |
|---------|
| 1634.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 03 | | | 2015 | | | |

Transaction ID : SB21B.I2349

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 17 | | | 2015 | | | |

Transaction ID : SB21B.I2350

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

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

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

| |
|---------|
| 3942.32 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2351

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2352

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2353

Amount of Each Disbursement this Period

1153.85

Memo Item

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

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

3461.55

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2354

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2355

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2356

Amount of Each Disbursement this Period

1153.85

Memo Item

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

3461.55

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2357

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2358

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2359

Amount of Each Disbursement this Period

1403.85

Memo Item

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

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

4211.55

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2360

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2361

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. NITSA C IOANNIDES

Mailing Address 5 FOX PARK DR. APT #90

City PLYMOUTH State NH Zip Code 03264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2362

Amount of Each Disbursement this Period

1403.85

Memo Item

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

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

4211.55

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1749

Amount of Each Disbursement this Period

346.16

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1750

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1751

Amount of Each Disbursement this Period

692.31

Memo Item

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

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

1730.78

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I1752

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB21B.I1753

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I1754

Amount of Each Disbursement this Period

692.31

Memo Item

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

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

2076.93

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAVID L ISBELL

Mailing Address 6447 OAK SAVANNA CT

City LAS VEGAS State NV Zip Code 89141

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1755

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. MINDY L JOHANSON

Mailing Address 4722 W LIBERATION DR.

City HERRIMAN State UT Zip Code 84096

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2289

Amount of Each Disbursement this Period

369.24

Memo Item

Full Name (Last, First, Middle Initial)

C. MINDY L JOHANSON

Mailing Address 4722 W LIBERATION DR.

City HERRIMAN State UT Zip Code 84096

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2290

Amount of Each Disbursement this Period

369.24

Memo Item

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

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

1430.79

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MINDY L JOHANSON

Mailing Address 4722 W LIBERATION DR.

City HERRIMAN State UT Zip Code 84096

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2291

Amount of Each Disbursement this Period

369.24

Memo Item

Full Name (Last, First, Middle Initial)

B. MINDY L JOHANSON

Mailing Address 4722 W LIBERATION DR.

City HERRIMAN State UT Zip Code 84096

Purpose of Disbursement
SALARY

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
11 / 20 / 2015

Transaction ID : SB21B.I2292

Amount of Each Disbursement this Period

1107.72

Memo Item

Full Name (Last, First, Middle Initial)

C. HAILEY KINEAVY

Mailing Address 220 HANOVER ST APT #25

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I1901

Amount of Each Disbursement this Period

276.93

Memo Item

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

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

1753.89

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HAILEY KINEAVY

Mailing Address 220 HANOVER ST APT #25

City BOSTON State MA Zip Code 02113

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1902

Amount of Each Disbursement this Period

553.85

Memo Item

Full Name (Last, First, Middle Initial)

B. HAILEY KINEAVY

Mailing Address 220 HANOVER ST APT #25

City BOSTON State MA Zip Code 02113

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1903

Amount of Each Disbursement this Period

553.85

Memo Item

Full Name (Last, First, Middle Initial)

C. HAILEY KINEAVY

Mailing Address 220 HANOVER ST APT #25

City BOSTON State MA Zip Code 02113

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1904

Amount of Each Disbursement this Period

603.85

Memo Item

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

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

1711.55

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TONYA L KIPER

Mailing Address 840 NW 44 ST

City OKLAHOMA CITY State OK Zip Code 73118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2856

Amount of Each Disbursement this Period

923.08

Memo Item

Full Name (Last, First, Middle Initial)

B. TONYA L KIPER

Mailing Address 840 NW 44 ST

City OKLAHOMA CITY State OK Zip Code 73118

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2857

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2227

Amount of Each Disbursement this Period

1615.39

Memo Item

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

3923.09

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

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

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

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2228

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2229

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2230

Amount of Each Disbursement this Period

1865.39

Memo Item

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

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

5096.17

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2231

Amount of Each Disbursement this Period

1865.39

Memo Item

Full Name (Last, First, Middle Initial)

B. MARY K KNORR

Mailing Address 550 SW 9TH ST APT #3309

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2232

Amount of Each Disbursement this Period

2026.93

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1354

Amount of Each Disbursement this Period

1153.85

Memo Item

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

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

5046.17

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1355

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1356

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1357

Amount of Each Disbursement this Period

1153.85

Memo Item

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

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

3461.55

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1358

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 09 | / | 25 | / | 2015 |

Transaction ID : SB21B.I1359

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
SALARY

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 |
| 10 | / | 23 | / | 2015 |

Transaction ID : SB21B.I1360

Amount of Each Disbursement this Period

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|---------|
| 1403.85 |
|---------|

Memo Item

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

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| 3961.55 |
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1361

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA G KUTA

Mailing Address 5472 WILD ROSE LANE #4401

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1362

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. JULIA M LEBLANC

Mailing Address 12 HUNTER TERRACE

City SOUTH HADLEY State MA Zip Code 01075

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2006

Amount of Each Disbursement this Period

300.00

Memo Item

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

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

3107.70

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS P MADDEN

Mailing Address 2330 GARFIELD AVE

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement
SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2845

Amount of Each Disbursement this Period

| |
|--------|
| 282.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS P MADDEN

Mailing Address 2330 GARFIELD AVE

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement
SALARY

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I2846

Amount of Each Disbursement this Period

| |
|--------|
| 312.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. TIMOTHY J MALONEY

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement
SALARY

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 |
| 11 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2849

Amount of Each Disbursement this Period

| |
|---------|
| 4615.39 |
|---------|

Memo Item

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

| |
|---------|
| 5209.39 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TIMOTHY J MALONEY

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2850

Amount of Each Disbursement this Period

4615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. TIMOTHY J MALONEY

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2851

Amount of Each Disbursement this Period

4615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. TIMOTHY J MALONEY

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2852

Amount of Each Disbursement this Period

4615.39

Memo Item

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

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

13846.17

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TIMOTHY J MALONEY

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 09 | | | 2015 | | | |

Transaction ID : SB21B.I3927

Amount of Each Disbursement this Period

| |
|---------|
| 4615.39 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. NICHOLAS S MARCELLINO JR.

Mailing Address 99 MASON HILL RD

City WARNER State NH Zip Code 03278

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2015 | | | |

Transaction ID : SB21B.I2346

Amount of Each Disbursement this Period

| |
|--------|
| 312.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. NICHOLAS S MARCELLINO JR.

Mailing Address 99 MASON HILL RD

City WARNER State NH Zip Code 03278

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | |

Transaction ID : SB21B.I2347

Amount of Each Disbursement this Period

| |
|--------|
| 360.00 |
|--------|

Memo Item

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

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

| |
|---------|
| 5287.39 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement REIMBURSEMENT

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
12 / 18 / 2015

Transaction ID : SB21B.I2063

Amount of Each Disbursement this Period

676.59

Memo Item

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement REIMBURSEMENT

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
10 / 29 / 2015

Transaction ID : SB21B.I2064

Amount of Each Disbursement this Period

809.49

Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

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
10 / 13 / 2015

Transaction ID : SB21B.I3878

Amount of Each Disbursement this Period

202.88

Memo Item
MARSH 10/29

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

1486.08

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
REIMBURSEMENT

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 |
| 10 | / | 29 | / | 2015 |

Transaction ID : SB21B.I2065

Amount of Each Disbursement this Period

| |
|--------|
| 950.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. JACK THE LIQUIDATOR

Mailing Address 60 ROGERS

City State Zip Code
MANCHESTER NH 03103

Purpose of Disbursement
OFFICE FURNITURE

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 |
| 10 | / | 01 | / | 2015 |

Transaction ID : SB21B.I3455

Amount of Each Disbursement this Period

| |
|--------|
| 950.00 |
|--------|

Memo Item
MARSH 10/29

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
REIMBURSEMENT

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 |
| 12 | / | 24 | / | 2015 |

Transaction ID : SB21B.I2066

Amount of Each Disbursement this Period

| |
|--------|
| 967.20 |
|--------|

Memo Item

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

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

| |
|---------|
| 1917.20 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

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
12 / 10 / 2015

Transaction ID : SB21B.I3679

Amount of Each Disbursement this Period

224.20

Memo Item
MARSH 12/24

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

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
12 / 17 / 2015

Transaction ID : SB21B.I3891

Amount of Each Disbursement this Period

349.82

Memo Item
MARSH 12/24

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
REIMBURSEMENT

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
12 / 03 / 2015

Transaction ID : SB21B.I2067

Amount of Each Disbursement this Period

1519.95

Memo Item

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

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

1519.95

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

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 |
| 1 | 1 | 1 | | 2 | 7 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3892

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 2 | 6 | . | 7 | 7 |
|---|---|---|---|---|---|---|

Memo Item
MARSH 12/3

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement REIMBURSEMENT

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 |
| 1 | 1 | 1 | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2068

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 2 | 9 | . | 0 | 8 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

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 |
| 1 | 0 | | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3700

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 1 | 6 | . | 7 | 2 | 8 |
|---|---|---|---|---|---|---|

Memo Item
MARSH 11/24

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 2 | 9 | . | 0 | 8 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 2 | 9 | . | 0 | 8 | 0 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I3839

Amount of Each Disbursement this Period

1050.00

Memo Item
MARSH 11/24

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2069

Amount of Each Disbursement this Period

5925.25

Memo Item

Full Name (Last, First, Middle Initial)

C. O STEAK & SEAFOOD

Mailing Address 11 S MAIN ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2015

Transaction ID : SB21B.I3549

Amount of Each Disbursement this Period

216.58

Memo Item
MARSH 10/20

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

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

5925.25

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. O'NEIL CINEMAS

Mailing Address 24 CALEF HWY

City EPPING State NH Zip Code 03042

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB21B.I3555

Amount of Each Disbursement this Period

2955.00

Memo Item
MARSH 10/20

Full Name (Last, First, Middle Initial)

B. T-BONES

Mailing Address 124 BEDFORD CENTER RD

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.I3708

Amount of Each Disbursement this Period

222.83

Memo Item
MARSH 10/20

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I3831

Amount of Each Disbursement this Period

245.00

Memo Item
MARSH 10/20

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

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

0.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : SB21B.I3867

Amount of Each Disbursement this Period

249.99

Memo Item
MARSH 10/20

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2070

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2071

Amount of Each Disbursement this Period

4615.38

Memo Item

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

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

9230.76

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2072

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2073

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2074

Amount of Each Disbursement this Period

4615.38

Memo Item

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

13846.14

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

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

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2075

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2076

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2077

Amount of Each Disbursement this Period

4615.38

Memo Item

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

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

13846.14

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2078

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2079

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2080

Amount of Each Disbursement this Period

4615.38

Memo Item

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

13846.14

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

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

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

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2081

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2082

Amount of Each Disbursement this Period

4615.38

Memo Item

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2083

Amount of Each Disbursement this Period

4615.38

Memo Item

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

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

13846.14

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MICHELLE MARTINEAU

Mailing Address 177 EASTERM AVE #101

City MANCHESTER State NH Zip Code 03104

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2284

Amount of Each Disbursement this Period

276.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MICHELLE MARTINEAU

Mailing Address 177 EASTERM AVE #101

City MANCHESTER State NH Zip Code 03104

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2285

Amount of Each Disbursement this Period

337.50

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHELLE MARTINEAU

Mailing Address 177 EASTERM AVE #101

City MANCHESTER State NH Zip Code 03104

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2286

Amount of Each Disbursement this Period

360.00

Memo Item

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

973.50

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2399

Amount of Each Disbursement this Period

212.40

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I2400

Amount of Each Disbursement this Period

215.54

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2401

Amount of Each Disbursement this Period

237.76

Memo Item

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

665.70

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I2402

Amount of Each Disbursement this Period

275.73

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2015

Transaction ID : SB21B.I2403

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2404

Amount of Each Disbursement this Period

346.15

Memo Item

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

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

871.88

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2405

Amount of Each Disbursement this Period

1730.77

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2406

Amount of Each Disbursement this Period

1730.77

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2407

Amount of Each Disbursement this Period

2307.69

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

5769.23

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 06 | | 2015 |

Transaction ID : SB21B.I2408

Amount of Each Disbursement this Period

| |
|---------|
| 2307.69 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I2409

Amount of Each Disbursement this Period

| |
|---------|
| 2307.69 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I2410

Amount of Each Disbursement this Period

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|---------|
| 2307.69 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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| 6923.07 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2411

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2412

Amount of Each Disbursement this Period

2557.69

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK L MARVIN

Mailing Address 24 ROSEMOND AVE APT #2

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2413

Amount of Each Disbursement this Period

2557.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7673.07

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2233

Amount of Each Disbursement this Period

3850.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2234

Amount of Each Disbursement this Period

7250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : SB21B.I2235

Amount of Each Disbursement this Period

7250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

18350.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement GRASSROOTS CONSULTING; MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2236

Amount of Each Disbursement this Period

3970.61

Memo Item

Full Name (Last, First, Middle Initial)

B. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2237

Amount of Each Disbursement this Period

7250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2238

Amount of Each Disbursement this Period

311.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11532.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2239

Amount of Each Disbursement this Period

332.65

Memo Item

Full Name (Last, First, Middle Initial)

B. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2240

Amount of Each Disbursement this Period

356.07

Memo Item

Full Name (Last, First, Middle Initial)

C. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2015

Transaction ID : SB21B.I2241

Amount of Each Disbursement this Period

445.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1133.97

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I3302

Amount of Each Disbursement this Period

328.60

Memo Item
MASON 11/19

Full Name (Last, First, Middle Initial)

B. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I2242

Amount of Each Disbursement this Period

454.77

Memo Item

Full Name (Last, First, Middle Initial)

C. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City CHARLESTON State SC Zip Code 29412

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2243

Amount of Each Disbursement this Period

610.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1065.36

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I3496

Amount of Each Disbursement this Period

247.45

Memo Item
MASON 10/20

Full Name (Last, First, Middle Initial)

B. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City State Zip Code
CHARLESTON SC 29412

Purpose of Disbursement
FIELD SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.I2244

Amount of Each Disbursement this Period

1800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAYLOR MASON

Mailing Address 1081 EAGLEWOOD TRL

City State Zip Code
CHARLESTON SC 29412

Purpose of Disbursement
FIELD SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB21B.I2245

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5800.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ROBERT W MCCORMACK

Mailing Address 56 GORHAM AVE

City PEMBROKE State MA Zip Code 02359

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2542

Amount of Each Disbursement this Period

576.93

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT W MCCORMACK

Mailing Address 56 GORHAM AVE

City PEMBROKE State MA Zip Code 02359

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2543

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT W MCCORMACK

Mailing Address 56 GORHAM AVE

City PEMBROKE State MA Zip Code 02359

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2544

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2884.63

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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ROBERT W MCCORMACK | | Date of Disbursement MM / DD / YYYY 11 / 20 / 2015 |
| Mailing Address 56 GORHAM AVE | | Transaction ID : SB21B.I2545 |
| City PEMBROKE | State MA | |
| Zip Code 02359 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 1403.85 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. JAMES M MCCURDY | | Date of Disbursement MM / DD / YYYY 12 / 18 / 2015 |
| Mailing Address 186 DEDHAM ST | | Transaction ID : SB21B.I1942 |
| City CANTON | State MA | |
| Zip Code 02021 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 240.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. KELSEY M MCGEE | | Date of Disbursement MM / DD / YYYY 11 / 20 / 2015 |
| Mailing Address 118 S HARDEN ST | | Transaction ID : SB21B.I2057 |
| City COLUMBIA | State SC | |
| Zip Code 29205 | Purpose of Disbursement SALARY | Amount of Each Disbursement this Period 553.85 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2197.70 |
| 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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KELSEY M MCGEE

Mailing Address 118 S HARDEN ST

City COLUMBIA State SC Zip Code 29205

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2058

Amount of Each Disbursement this Period

1846.16

Memo Item

Full Name (Last, First, Middle Initial)

B. KELSEY M MCGEE

Mailing Address 118 S HARDEN ST

City COLUMBIA State SC Zip Code 29205

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2059

Amount of Each Disbursement this Period

1846.16

Memo Item

Full Name (Last, First, Middle Initial)

C. KELSEY M MCGEE

Mailing Address 118 S HARDEN ST

City COLUMBIA State SC Zip Code 29205

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2060

Amount of Each Disbursement this Period

2096.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5788.48

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1928

Amount of Each Disbursement this Period

1038.46

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1929

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1930

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3346.16

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1931

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1932

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1933

Amount of Each Disbursement this Period

1269.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3807.72

**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)
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Full Name (Last, First, Middle Initial)

A. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I1934

Amount of Each Disbursement this Period

1269.24

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

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
07 / 31 / 2015

Transaction ID : SB21B.I1935

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

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
08 / 28 / 2015

Transaction ID : SB21B.I1936

Amount of Each Disbursement this Period

1403.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4076.94

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 2 | 5 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1937

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 1 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | 1 | 0 | | | 2 | 3 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1938

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 1 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | 1 | 1 | | | 2 | 0 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1939

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 1 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 5 | 7 | . | 7 | 2 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 1 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAMES J MCGILL

Mailing Address 6 COUNTRY CLUB DR. APT #20
APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 8 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1940

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 1 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 6 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2321

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 8 | . | 6 | 2 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2322

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 8 | . | 6 | 2 |
|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 4 | 2 | 8 | . | 4 | 8 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 4 | 2 | 8 | . | 4 | 8 |
|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I2323

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SB21B.I2324

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I2325

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4653.86

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I2326

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. MORGANNE R MCGUIRK

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SB21B.I3929

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SB21B.I2828

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3319.24

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 12 | / | 04 | / | 2015 |

Transaction ID : **SB21B.I2829**

Amount of Each Disbursement this Period

| |
|--------|
| 692.31 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : **SB21B.I2830**

Amount of Each Disbursement this Period

| |
|--------|
| 692.31 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 11 | / | 20 | / | 2015 |

Transaction ID : **SB21B.I2831**

Amount of Each Disbursement this Period

| |
|--------|
| 942.31 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 2326.93 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2832

Amount of Each Disbursement this Period

942.31

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2833

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2834

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3711.55

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 08 | / | 14 | / | 2015 |

Transaction ID : SB21B.I2835

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 09 | / | 11 | / | 2015 |

Transaction ID : SB21B.I2836

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

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 |
| 10 | / | 09 | / | 2015 |

Transaction ID : SB21B.I2837

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 4153.86 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2838

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2839

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2840

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4653.86

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2841

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS J MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2842

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. JACE N MILLS

Mailing Address 1701 E 12TH AVE

City WINFIELD State KS Zip Code 67156

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1918

Amount of Each Disbursement this Period

346.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3615.40

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JACE N MILLS

Mailing Address 1701 E 12TH AVE

City WINFIELD State KS Zip Code 67156

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1919

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1348

Amount of Each Disbursement this Period

230.77

Memo Item

Full Name (Last, First, Middle Initial)

C. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I1349

Amount of Each Disbursement this Period

346.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1269.24

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1350

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1351

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1352

Amount of Each Disbursement this Period

1403.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3711.55

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANGELA E MONGER

Mailing Address 1335 57TH PLACE

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement
SALARY

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 |
| 08 | / | 28 | / | 2015 |

Transaction ID : SB21B.I1353

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MATTEO L MORAN

Mailing Address 6 COUNTRY CLUB DR. BLDG #6 APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2246

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. MATTEO L MORAN

Mailing Address 6 COUNTRY CLUB DR. BLDG #6 APT #20

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
SALARY

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I2247

Amount of Each Disbursement this Period

| |
|---------|
| 1634.62 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 4423.09 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER X MURPHY

Mailing Address 420 1/2 E ERIE ST #1

City MISSOURI VALLEY State IA Zip Code 51555

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1611

Amount of Each Disbursement this Period

886.16

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER X MURPHY

Mailing Address 420 1/2 E ERIE ST #1

City MISSOURI VALLEY State IA Zip Code 51555

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1612

Amount of Each Disbursement this Period

1476.93

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I1690

Amount of Each Disbursement this Period

246.57

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2609.66

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1691

Amount of Each Disbursement this Period

385.81

Memo Item

Full Name (Last, First, Middle Initial)

B. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : SB21B.I3365

Amount of Each Disbursement this Period

214.97

Memo Item
MURPHY 10/30

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1692

Amount of Each Disbursement this Period

490.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

876.56

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2015

Transaction ID : SB21B.I1693

Amount of Each Disbursement this Period

651.50

Memo Item

Full Name (Last, First, Middle Initial)

B. DRURY INN

Mailing Address 721 EMERSON RD

City CREVE COURSE State MO Zip Code 63130

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2015

Transaction ID : SB21B.I3336

Amount of Each Disbursement this Period

241.95

Memo Item
MURPHY 11/19

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1694

Amount of Each Disbursement this Period

1255.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1907.16

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1695

Amount of Each Disbursement this Period

2607.71

Memo Item

Full Name (Last, First, Middle Initial)

B. BOB'S PROP SHOP, LLC

Mailing Address

City State Zip Code

Purpose of Disbursement VIDEO PRODUCTION EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB21B.I3204

Amount of Each Disbursement this Period

1800.00

Memo Item
MURPHY 10/23

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2015

Transaction ID : SB21B.I3430

Amount of Each Disbursement this Period

302.96

Memo Item
MURPHY 10/23

SUBTOTAL of Disbursements This Page (optional)..... ▶

2607.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I1696

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1697

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1698

Amount of Each Disbursement this Period

2307.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6923.07

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I1699**

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB21B.I1700**

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : **SB21B.I1701**

Amount of Each Disbursement this Period

2307.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6923.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1702

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1703

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1704

Amount of Each Disbursement this Period

2307.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6923.07

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1705

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1706

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1707

Amount of Each Disbursement this Period

2307.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6923.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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| <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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Full Name (Last, First, Middle Initial)

A. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1708

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1709

Amount of Each Disbursement this Period

2307.69

Memo Item

Full Name (Last, First, Middle Initial)

C. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1710

Amount of Each Disbursement this Period

8315.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

12931.22

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. APPLE

Mailing Address 1 INFINTE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I3167

Amount of Each Disbursement this Period

2851.00

Memo Item
MURPHY 8/10

Full Name (Last, First, Middle Initial)

B. BUDGET

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HI State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB21B.I3220

Amount of Each Disbursement this Period

266.32

Memo Item
MURPHY 8/10

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : SB21B.I3363

Amount of Each Disbursement this Period

248.10

Memo Item
MURPHY 8/10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOTEL ZEPHYR

Mailing Address 250 BEACH ST

City State Zip Code
SAN FRANCISCO CA 94133

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3447

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 3 | 5 | . | 1 | 6 |
|---|---|---|---|---|---|

Memo Item
MURPHY 8/10

Full Name (Last, First, Middle Initial)

B. MIKE'S CAMERA OF CALIFORNIA

Mailing Address 2500 PEARL ST

City State Zip Code
BOULDER CO 80302

Purpose of Disbursement
VIDEO EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 6 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3516

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 2 | 2 | . | 8 | 7 |
|---|---|---|---|---|---|

Memo Item
MURPHY 8/10

Full Name (Last, First, Middle Initial)

C. NATIONAL RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City State Zip Code
ST LOUIS MO 63105

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3527

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 3 | 6 | . | 8 | 5 |
|---|---|---|---|---|---|

Memo Item
MURPHY 8/10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---|---|---|
| 0 | 0 | 0 |
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| | | |
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| 0 | 0 | 0 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SHERATON

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I3641

Amount of Each Disbursement this Period

267.61

Memo Item
MURPHY 8/10

Full Name (Last, First, Middle Initial)

B. CRAIG P MURPHY

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I7234

Amount of Each Disbursement this Period

974.42

Memo Item

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2015

Transaction ID : SB21B.I7235

Amount of Each Disbursement this Period

954.85

Memo Item
MURPHY 8/28

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

974.42

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SHEILA J MURPHY

Mailing Address 420 1/2 E ERIE ST #1

City MISSOURI VALLEY State IA Zip Code 51555

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2615

Amount of Each Disbursement this Period

886.16

Memo Item

Full Name (Last, First, Middle Initial)

B. SHEILA J MURPHY

Mailing Address 420 1/2 E ERIE ST #1

City MISSOURI VALLEY State IA Zip Code 51555

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2616

Amount of Each Disbursement this Period

1476.93

Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM Z NARDI

Mailing Address 31 ARDMORE ST

City SPRINGFIELD State MA Zip Code 01104

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2984

Amount of Each Disbursement this Period

240.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2603.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1758

Amount of Each Disbursement this Period

1038.46

Memo Item

Full Name (Last, First, Middle Initial)

B. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1759

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1760

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3346.16

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

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1761

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1762

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DAXTON C OBERREUTER

Mailing Address 2508 UNION RD LOT #211

City CEDER FALLS State IA Zip Code 50613

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1763

Amount of Each Disbursement this Period

1403.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3961.55

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAELYN C ORTIZ

Mailing Address 467 N. STATE ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1924

Amount of Each Disbursement this Period

222.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109 #3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I1613

Amount of Each Disbursement this Period

591.74

Memo Item

Full Name (Last, First, Middle Initial)

C. ALAMO

Mailing Address 600 CORPORATE LAKE DR

City ST. LOUIS State MO Zip Code 63132

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2015

Transaction ID : SB21B.I3133

Amount of Each Disbursement this Period

305.51

Memo Item
PAAVOLA 12/3

SUBTOTAL of Disbursements This Page (optional)..... ▶

813.74

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I1614

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1615

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1616

Amount of Each Disbursement this Period

2884.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8653.86

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1617

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1618

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1619

Amount of Each Disbursement this Period

2884.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8653.86

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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

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 |
| 09 | / | 25 | / | 2015 |

Transaction ID : SB21B.I1620

Amount of Each Disbursement this Period

| |
|---------|
| 2884.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

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 |
| 10 | / | 09 | / | 2015 |

Transaction ID : SB21B.I1621

Amount of Each Disbursement this Period

| |
|---------|
| 2884.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

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 |
| 10 | / | 23 | / | 2015 |

Transaction ID : SB21B.I1622

Amount of Each Disbursement this Period

| |
|---------|
| 2884.62 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 8653.86 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB21B.I1623

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I1624

Amount of Each Disbursement this Period

2884.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB21B.I1625

Amount of Each Disbursement this Period

2884.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8653.86

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 18 | | | 2015 | | | |

Transaction ID : SB21B.I1626

Amount of Each Disbursement this Period

| |
|---------|
| 2884.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTY L PAAVOLA

Mailing Address 220 CENTURY PL #3109
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 31 | | | 2015 | | | |

Transaction ID : SB21B.I1627

Amount of Each Disbursement this Period

| |
|---------|
| 2884.62 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOTT PARADISE

Mailing Address 5416 W 97TH CIR

City OVERLAND PARK State KS Zip Code 66207

Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 30 | | | 2015 | | | |

Transaction ID : SB21B.I2602

Amount of Each Disbursement this Period

| |
|---------|
| 7750.00 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 13519.24 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLTON H PARKER

Mailing Address 704 MEADOW HAZE CRT

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 6 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1599

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 9 | 2 | . | 3 | 1 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. CHARLTON H PARKER

Mailing Address 704 MEADOW HAZE CRT

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1600

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 4 | . | 6 | 8 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLTON H PARKER

Mailing Address 704 MEADOW HAZE CRT

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1601

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 3 | 8 | . | 4 | 6 |
|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 3 | 2 | . | 3 | 1 | 3 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 3 | 2 | . | 3 | 1 | 3 |
|---|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLTON H PARKER

Mailing Address 704 MEADOW HAZE CRT

City GREER State SC Zip Code 29650

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1602

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6 | 3 | 4 | . | 6 | 4 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER B PARRISH

Mailing Address 4118 MANOR VIEW DR. NW

City ROCHESTER State MN Zip Code 55901

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1957

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 3 | . | 3 | 1 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. TODD PAULEY

Mailing Address 5028 NW 19TH ST

City OKLAHOMA CITY State OK Zip Code 73127

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2853

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 3 | 5 | 6 | . | 9 | 5 |
|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 3 | 5 | 6 | . | 9 | 5 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TODD PAULEY

Mailing Address 5028 NW 19TH ST

City OKLAHOMA CITY State OK Zip Code 73127

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2854

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JODI M PEACOCK

Mailing Address 3101 N HAMPTON DR. \$1107

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1973

Amount of Each Disbursement this Period

288.47

Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM J PEACOCK

Mailing Address 3101 N HAMPTON DR. #1107

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2980

Amount of Each Disbursement this Period

2076.93

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7365.40

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM J PEACOCK

Mailing Address 3101 N HAMPTON DR. #1107

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
SALARY

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I2981

Amount of Each Disbursement this Period

| |
|---------|
| 3988.47 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

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 |
| 07 | / | 31 | / | 2015 |

Transaction ID : SB21B.139603

Amount of Each Disbursement this Period

| |
|----------|
| 18750.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

C. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

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 |
| 08 | / | 31 | / | 2015 |

Transaction ID : SB21B.139604

Amount of Each Disbursement this Period

| |
|----------|
| 21250.00 |
|----------|

Memo Item

FUNDRAISING SERVICES

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 43988.47 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.139605

Amount of Each Disbursement this Period

18750.00

Memo Item
FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.139606

Amount of Each Disbursement this Period

7082.76

Memo Item
FUNDRAISING EVENT (FOOD, BEVERAGES, EVENT STAFF, FLOWERS)

Full Name (Last, First, Middle Initial)

C. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.139607

Amount of Each Disbursement this Period

22500.00

Memo Item
FUNDRAISING SERVICES

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

48332.76

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.139608**

Amount of Each Disbursement this Period

23750.00

Memo Item
FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City LOS ANGELES State CA Zip Code 90067-4613

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.139609**

Amount of Each Disbursement this Period

20000.00

Memo Item
FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

C. ERICKA PERTIERRA

Mailing Address 3523 URBAN WOODS TRL

City HOUSTON State TX Zip Code 77008

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SB21B.I1806**

Amount of Each Disbursement this Period

4450.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

48200.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ERICKA PERTIERRA

Mailing Address 3523 URBAN WOODS TRL

City HOUSTON State TX Zip Code 77008

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I1807

Amount of Each Disbursement this Period

6100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ERICKA PERTIERRA

Mailing Address 3523 URBAN WOODS TRL

City HOUSTON State TX Zip Code 77008

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I1808

Amount of Each Disbursement this Period

555.75

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICIA A PETIT

Mailing Address 54 BEAVER LANE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2391

Amount of Each Disbursement this Period

246.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6901.75

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICIA A PETIT

Mailing Address 54 BEAVER LANE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2392

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 6 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICIA A PETIT

Mailing Address 54 BEAVER LANE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2393

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 8 | 4 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICIA A PETIT

Mailing Address 54 BEAVER LANE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 6 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I2394

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 9 | 6 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 1 | 1 | 4 | 0 | 0 | 0 |
|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 1 | 1 | 4 | 0 | 0 | 0 |
|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PATRICIA A PETIT

Mailing Address 54 BEAVER LANE

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 04 | / | 2015 |

Transaction ID : SB21B.I2395

Amount of Each Disbursement this Period

| |
|--------|
| 408.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. MELISSA K PHAN

Mailing Address 205 N RADCLIFF WAY

City SPARTANBURG State SC Zip Code 29301

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2277

Amount of Each Disbursement this Period

| |
|--------|
| 642.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLES J PISO

Mailing Address 402 TWEED RIVER DR.

City PITTSFIELD State VT Zip Code 05762

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 06 | / | 2015 |

Transaction ID : SB21B.I1594

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 2203.85 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLES J PISO

Mailing Address 402 TWEED RIVER DR.

City PITTSFIELD State VT Zip Code 05762

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB21B.I1595

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. CHARLES J PISO

Mailing Address 402 TWEED RIVER DR.

City PITTSFIELD State VT Zip Code 05762

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I1596

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLES J PISO

Mailing Address 402 TWEED RIVER DR.

City PITTSFIELD State VT Zip Code 05762

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I1597

Amount of Each Disbursement this Period

1403.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3711.55

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLES J PISO

Mailing Address 402 TWEED RIVER DR.

City State Zip Code
PITTSFIELD VT 05762

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I1598

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City State Zip Code
PAXTON MA 01612

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I2293

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City State Zip Code
PAXTON MA 01612

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I2294

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 0 | 6 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2295

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 8 | 4 | 6 | . | 1 | 6 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2296

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 8 | 4 | 6 | . | 1 | 6 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2297

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 8 | 4 | 6 | . | 1 | 6 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 5 | 3 | 8 | . | 4 | 8 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 8 | 4 | 6 | . | 1 | 6 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2298

Amount of Each Disbursement this Period

2096.16

Memo Item

Full Name (Last, First, Middle Initial)

B. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2299

Amount of Each Disbursement this Period

2096.16

Memo Item

Full Name (Last, First, Middle Initial)

C. MIRYAM V RABINOVICH

Mailing Address 204 PLEASANT ST

City PAXTON State MA Zip Code 01612

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2300

Amount of Each Disbursement this Period

2096.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6288.48

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I1325

Amount of Each Disbursement this Period

923.08

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1326

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1327

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3230.78

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 09 | | | 2015 | | | |

Transaction ID : SB21B.I1328

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | |

Transaction ID : SB21B.I1329

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 31 | | | 2015 | | | |

Transaction ID : SB21B.I1330

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 3711.55 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1331

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1332

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1333

Amount of Each Disbursement this Period

1403.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4211.55

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANDREA R RAFFLE

Mailing Address 734 14TH AVENUE

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2015 | | | |

Transaction ID : SB21B.I1334

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 03 | | | 2015 | | | |

Transaction ID : SB21B.I1729

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 17 | | | 2015 | | | |

Transaction ID : SB21B.I1730

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 3711.55 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I1731

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I1732

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1733

Amount of Each Disbursement this Period

1269.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3576.94

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1734

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1735

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1736

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1737

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I1738

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1739

Amount of Each Disbursement this Period

1519.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4326.94

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1740

Amount of Each Disbursement this Period

1519.24

Memo Item

Full Name (Last, First, Middle Initial)

B. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1741

Amount of Each Disbursement this Period

1519.24

Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELLE L RIEGER

Mailing Address 13 SILVESTRI CIR UNIT #23
UNIT #23

City DERRY State NH Zip Code 03038

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1742

Amount of Each Disbursement this Period

1519.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4557.72

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RICHARD J ROCHE

Mailing Address 309 OLD HUNT DR.

City State Zip Code
FOX RIVER GROVE IL 60021

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2528

Amount of Each Disbursement this Period

213.75

Memo Item

Full Name (Last, First, Middle Initial)

B. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City State Zip Code
HENDERSON NV 89074

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2192

Amount of Each Disbursement this Period

204.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City State Zip Code
HENDERSON NV 89074

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2193

Amount of Each Disbursement this Period

207.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

624.75

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period

222.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement SALARY

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
10 / 23 / 2015

Transaction ID : SB21B.I2195

Amount of Each Disbursement this Period

288.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement SALARY

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
11 / 06 / 2015

Transaction ID : SB21B.I2196

Amount of Each Disbursement this Period

360.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

870.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LUIS M RODRIGUEZ

Mailing Address 425 CORAL SEA ST

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2197

Amount of Each Disbursement this Period

678.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2417

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2418

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2754.93

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2419

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2420

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2421

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4153.86

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2422

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2423

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. PETER G ROGERS

Mailing Address 403 WAUCANDA RD

City MARSHALL TOWN State IA Zip Code 50158

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2424

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4903.86

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ALEXANDER H ROUNTREE

Mailing Address 118 CHINKAPIN LOOP

City OXFORD State MS Zip Code 38655

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1242

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. REID B RYAN

Mailing Address 510 NE 24TH CT

City ANKENY State IA Zip Code 50021

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2523

Amount of Each Disbursement this Period

230.77

Memo Item

Full Name (Last, First, Middle Initial)

C. REID B RYAN

Mailing Address 510 NE 24TH CT

City ANKENY State IA Zip Code 50021

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2524

Amount of Each Disbursement this Period

312.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2158.16

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. REID B RYAN

Mailing Address 510 NE 24TH CT

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2525

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NED RYUN

Mailing Address 608 S MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I2551

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NED RYUN

Mailing Address 608 S MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.I2552

Amount of Each Disbursement this Period

10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

21153.85

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NED RYUN

Mailing Address 608 S MAPLE AVE

City State Zip Code
PURCELLVILLE VA 20132

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 29 | | 2015 |

Transaction ID : SB21B.I2553

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

B. NED RYUN

Mailing Address 608 S MAPLE AVE

City State Zip Code
PURCELLVILLE VA 20132

Purpose of Disbursement
FUNDRAISING 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 |
| 11 | | 24 | | 2015 |

Transaction ID : SB21B.I2554

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

C. NED RYUN

Mailing Address 608 S MAPLE AVE

City State Zip Code
PURCELLVILLE VA 20132

Purpose of Disbursement
FUNDRAISING 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 |
| 12 | | 24 | | 2015 |

Transaction ID : SB21B.I2555

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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|----------|
| 30000.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NED RYUN

Mailing Address 608 S MAPLE AVE

City State Zip Code
PURCELLVILLE VA 20132

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 29 | | | 2015 | | | |

Transaction ID : SB21B.I2556

Amount of Each Disbursement this Period

| |
|---------|
| 2207.41 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City State Zip Code
ATLANTA GA 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 23 | | | 2015 | | | |

Transaction ID : SB21B.I3306

Amount of Each Disbursement this Period

| |
|--------|
| 213.10 |
|--------|

Memo Item
RYUN 10/29

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City State Zip Code
ATLANTA GA 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 16 | | | 2015 | | | |

Transaction ID : SB21B.I3307

Amount of Each Disbursement this Period

| |
|--------|
| 218.60 |
|--------|

Memo Item
RYUN 10/29

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 2207.41 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PRICELINE

Mailing Address 800 CONNECTICUT AVE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.I3595

Amount of Each Disbursement this Period

416.64

Memo Item
RYUN 10/29

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB21B.I3807

Amount of Each Disbursement this Period

218.60

Memo Item
RYUN 10/29

Full Name (Last, First, Middle Initial)

C. BOBBY SAPAROW

Mailing Address 480 GRAMERCY DR.

City MARIETTA State GA Zip Code 30068

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.I2582

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)..... ▶

1500.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BOBBY SAPAROW

Mailing Address 480 GRAMERCY DR.

City MARIETTA State GA Zip Code 30068

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2015 |

Transaction ID : SB21B.I2583

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 24 | | 2015 |

Transaction ID : SB21B.I1394

Amount of Each Disbursement this Period

| |
|--------|
| 216.59 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 24 | | 2015 |

Transaction ID : SB21B.I1395

Amount of Each Disbursement this Period

| |
|--------|
| 480.37 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 2196.96 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 24 | / | 2015 |

Transaction ID : SB21B.I1396

Amount of Each Disbursement this Period

| |
|--------|
| 980.07 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 07 | / | 2015 |

Transaction ID : SB21B.I3153

Amount of Each Disbursement this Period

| |
|--------|
| 213.10 |
|--------|

Memo Item
SCAGNELLI 12/24

Full Name (Last, First, Middle Initial)

C. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City State Zip Code
LONG ISLAND NY 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 01 | / | 2015 |

Transaction ID : SB21B.I3457

Amount of Each Disbursement this Period

| |
|--------|
| 304.20 |
|--------|

Memo Item
SCAGNELLI 12/24

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|--------|
| 980.07 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1397

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3497

Amount of Each Disbursement this Period

Memo Item
SCAGNELLI 12/24

Full Name (Last, First, Middle Initial)

C. RADISSON

Mailing Address 11340 BLONDO ST

City State Zip Code
OMAHA NE 68164

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3609

Amount of Each Disbursement this Period

Memo Item
SCAGNELLI 12/24

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1398

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 9 | 2 | 3 | . | 0 | 8 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1399

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 9 | 2 | 3 | . | 0 | 8 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 6 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1400

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 9 | 2 | 3 | . | 0 | 8 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 7 | 6 | 9 | . | 2 | 4 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 9 | 2 | 3 | . | 0 | 8 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2015 | | | |

Transaction ID : SB21B.I1401

Amount of Each Disbursement this Period

| |
|---------|
| 1923.08 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 04 | | | 2015 | | | |

Transaction ID : SB21B.I1402

Amount of Each Disbursement this Period

| |
|---------|
| 1923.08 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 18 | | | 2015 | | | |

Transaction ID : SB21B.I1403

Amount of Each Disbursement this Period

| |
|---------|
| 1923.08 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 5769.24 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AUDREY C SCAGNELLI

Mailing Address 440 LUEGNA AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1404

Amount of Each Disbursement this Period

1923.08

Memo Item

Full Name (Last, First, Middle Initial)

B. CRISTE V SCARNATI

Mailing Address 1643 S 114 AVE E

City MONROE State IA Zip Code 50170

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1721

Amount of Each Disbursement this Period

363.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CRISTE V SCARNATI

Mailing Address 1643 S 114 AVE E

City MONROE State IA Zip Code 50170

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1722

Amount of Each Disbursement this Period

367.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2653.58

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOHN B SCHLER

Mailing Address 30 SOUTH ST UNIT # 8

City LACONIA State NH Zip Code 03246

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1974

Amount of Each Disbursement this Period

270.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN B SCHLER

Mailing Address 30 SOUTH ST UNIT # 8

City LACONIA State NH Zip Code 03246

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1975

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN B SCHLER

Mailing Address 30 SOUTH ST UNIT # 8

City LACONIA State NH Zip Code 03246

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1976

Amount of Each Disbursement this Period

324.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

894.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEELY E SECRIST

Mailing Address 5190 LINCOLN WAY APT #206

City AMES State IA Zip Code 50014

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2053

Amount of Each Disbursement this Period

230.77

Memo Item

Full Name (Last, First, Middle Initial)

B. KEELY E SECRIST

Mailing Address 5190 LINCOLN WAY APT #206

City AMES State IA Zip Code 50014

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2054

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. KEELY E SECRIST

Mailing Address 5190 LINCOLN WAY APT #206

City AMES State IA Zip Code 50014

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2055

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2538.47

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEELY E SECRIST

Mailing Address 5190 LINCOLN WAY APT #206

City AMES State IA Zip Code 50014

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2056

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. SRIVATSAN SENTHILKUMAR

Mailing Address 3 HOLLYHOCK AVE

City NASHUA State NH Zip Code 03062

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2715

Amount of Each Disbursement this Period

252.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AARON F SEWELL

Mailing Address 124 9TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1223

Amount of Each Disbursement this Period

692.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2348.16

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AARON F SEWELL

Mailing Address 124 9TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1224

Amount of Each Disbursement this Period

969.24

Memo Item

Full Name (Last, First, Middle Initial)

B. AARON F SEWELL

Mailing Address 124 9TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1225

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. AARON F SEWELL

Mailing Address 124 9TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1226

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3988.48

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KELSEY M SHANNON

Mailing Address 6368 C CNETENNIAL CIR

City State Zip Code
GLEN BURNIE MD 21061

Purpose of Disbursement
SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I2061

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. KELSEY M SHANNON

Mailing Address 6368 C CNETENNIAL CIR

City State Zip Code
GLEN BURNIE MD 21061

Purpose of Disbursement
SALARY

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 |
| 12 | | 18 | | 2015 |

Transaction ID : SB21B.I2062

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
REIMBURSEMENT

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 |
| 11 | | 13 | | 2015 |

Transaction ID : SB21B.I2121

Amount of Each Disbursement this Period

| |
|--------|
| 203.18 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 2510.88 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2122

Amount of Each Disbursement this Period

351.98

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2123

Amount of Each Disbursement this Period

486.84

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : SB21B.I3680

Amount of Each Disbursement this Period

296.06

Memo Item
SHEDD 10/20

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

838.82

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2124

Amount of Each Disbursement this Period

498.08

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I2125

Amount of Each Disbursement this Period

518.38

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I3154

Amount of Each Disbursement this Period

249.70

Memo Item
SHEDD 10/30

SUBTOTAL of Disbursements This Page (optional)..... ▶

1016.46

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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 10 28 2015

Transaction ID : SB21B.I3308

Amount of Each Disbursement this Period

258.60

Memo Item
SHEDD 10/30

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 12 11 2015

Transaction ID : SB21B.I2126

Amount of Each Disbursement this Period

528.12

Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 12 08 2015

Transaction ID : SB21B.I3166

Amount of Each Disbursement this Period

495.00

Memo Item
SHEDD 12/11

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

528.12

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.I2127

Amount of Each Disbursement this Period

570.86

Memo Item

Full Name (Last, First, Middle Initial)

B. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I3817

Amount of Each Disbursement this Period

327.70

Memo Item
SHEDD 9/23

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.I2128

Amount of Each Disbursement this Period

618.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1188.95

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3470

Amount of Each Disbursement this Period

Memo Item
SHEDD 10/6

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2129

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2130

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2131

Amount of Each Disbursement this Period

3461.54

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2132

Amount of Each Disbursement this Period

3461.54

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2133

Amount of Each Disbursement this Period

3461.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10384.62

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2134**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2135**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2136**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
10 / 23 / 2015

Transaction ID : SB21B.I2137

Amount of Each Disbursement this Period

4775.19

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
11 / 06 / 2015

Transaction ID : SB21B.I2138

Amount of Each Disbursement this Period

4525.19

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2139

Amount of Each Disbursement this Period

4525.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

13825.57

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2140

Amount of Each Disbursement this Period

4525.19

Memo Item

Full Name (Last, First, Middle Initial)

B. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
11 / 20 / 2015

Transaction ID : SB21B.I2141

Amount of Each Disbursement this Period

4775.19

Memo Item

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2142

Amount of Each Disbursement this Period

4775.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

14075.57

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

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
08 / 13 / 2015

Transaction ID : SB21B.I2146

Amount of Each Disbursement this Period

245.20

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL

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
08 / 11 / 2015

Transaction ID : SB21B.I3809

Amount of Each Disbursement this Period

245.20

Memo Item
SHEDD 8/13

Full Name (Last, First, Middle Initial)

C. LESLIE C SHEDD

Mailing Address 70 I ST SE #1118
#1118

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
REIMBURSEMENT

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
08 / 05 / 2015

Transaction ID : SB21B.I2147

Amount of Each Disbursement this Period

294.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

539.28

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement
REIMBURSEMENT

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
12 / 24 / 2015

Transaction ID : SB21B.I2592

Amount of Each Disbursement this Period

1111.11

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement
SALARY

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
10 / 09 / 2015

Transaction ID : SB21B.I2593

Amount of Each Disbursement this Period

1846.16

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement
SALARY

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
11 / 06 / 2015

Transaction ID : SB21B.I2594

Amount of Each Disbursement this Period

1846.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4803.43

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2595

Amount of Each Disbursement this Period

1846.16

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2596

Amount of Each Disbursement this Period

1846.16

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2597

Amount of Each Disbursement this Period

2096.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5788.48

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB21B.I2598

Amount of Each Disbursement this Period

2096.16

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOT H SHUMSKI

Mailing Address 819 NORTH AVENUE

City BURLINGTON State VT Zip Code 05408

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I2599

Amount of Each Disbursement this Period

2096.16

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN B SIMPSON JR.

Mailing Address 640 LINKSIDE HOLLOW

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I1977

Amount of Each Disbursement this Period

1615.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5807.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOHN B SIMPSON JR.

Mailing Address 640 LINKSIDE HOLLOW

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I1978

Amount of Each Disbursement this Period

1703.85

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN M SMITH

Mailing Address 1021 CECIL PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1421

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN M SMITH

Mailing Address 1021 CECIL PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1422

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4703.85

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BENJAMIN M SMITH

Mailing Address 1021 CECIL PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1423

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN M SMITH

Mailing Address 1021 CECIL PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1424

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN M SMITH

Mailing Address 1021 CECIL PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.I1425

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NATHAN D SNELL

Mailing Address 196 80TH AVE

City NORWALK State IA Zip Code 50211

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2330

Amount of Each Disbursement this Period

271.50

Memo Item

Full Name (Last, First, Middle Initial)

B. NATHAN D SNELL

Mailing Address 196 80TH AVE

City NORWALK State IA Zip Code 50211

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2331

Amount of Each Disbursement this Period

381.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NATHAN D SNELL

Mailing Address 196 80TH AVE

City NORWALK State IA Zip Code 50211

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2332

Amount of Each Disbursement this Period

407.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1059.75

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ERIK L SODERSTROM

Mailing Address 101 GATEWAY CT APT 406

City CHESAPEAKE State VA Zip Code 23320

Purpose of Disbursement SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I1809

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

B. ERIK L SODERSTROM

Mailing Address 101 GATEWAY CT APT 406

City CHESAPEAKE State VA Zip Code 23320

Purpose of Disbursement SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I1810

Amount of Each Disbursement this Period

1615.39

Memo Item

Full Name (Last, First, Middle Initial)

C. ERIK L SODERSTROM

Mailing Address 101 GATEWAY CT APT 406

City CHESAPEAKE State VA Zip Code 23320

Purpose of Disbursement SALARY

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
12 / 11 / 2015

Transaction ID : SB21B.I3944

Amount of Each Disbursement this Period

2100.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5330.79

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LYNN A SORENSEN

Mailing Address 5 COLONIAL CT APT #501

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2199

Amount of Each Disbursement this Period

432.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LYNN A SORENSEN

Mailing Address 5 COLONIAL CT APT #501

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2200

Amount of Each Disbursement this Period

432.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LYNN A SORENSEN

Mailing Address 5 COLONIAL CT APT #501

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2201

Amount of Each Disbursement this Period

432.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1296.00

**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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MATTHEW T STRAUSS

Mailing Address 2322 HUIDEKOPER PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2249

Amount of Each Disbursement this Period

1730.77

Memo Item

Full Name (Last, First, Middle Initial)

B. MATTHEW T STRAUSS

Mailing Address 2322 HUIDEKOPER PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2250

Amount of Each Disbursement this Period

1730.77

Memo Item

Full Name (Last, First, Middle Initial)

C. MATTHEW T STRAUSS

Mailing Address 2322 HUIDEKOPER PL NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2251

Amount of Each Disbursement this Period

1730.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5192.31

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

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(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2817

Amount of Each Disbursement this Period

9425.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SB21B.I3156

Amount of Each Disbursement this Period

349.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : SB21B.I3157

Amount of Each Disbursement this Period

314.00

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9425.00

**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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2015

Transaction ID : SB21B.I3158

Amount of Each Disbursement this Period

530.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2015

Transaction ID : SB21B.I3159

Amount of Each Disbursement this Period

715.70

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB21B.I3160

Amount of Each Disbursement this Period

447.10

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I3161

Amount of Each Disbursement this Period

937.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2015

Transaction ID : SB21B.I3162

Amount of Each Disbursement this Period

502.60

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. COMFORT INN

Mailing Address 1 CHOICE HOTELS CIR #400

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.I3266

Amount of Each Disbursement this Period

494.37

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I3309

Amount of Each Disbursement this Period

450.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

B. MOTEL 6

Mailing Address 4001 INTERNATIONAL PKWY

City CARROLLTON State TX Zip Code 75007

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I3520

Amount of Each Disbursement this Period

259.81

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. QUALITY SUITES

Mailing Address 1 CHOICE HOTELS CIR #400

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I3606

Amount of Each Disbursement this Period

262.88

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SUPER 8

Mailing Address 22 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement TRAVEL

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 |
| 0 | 4 | | | 1 | 9 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3693

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 4 | 4 | . | 4 | 4 |
|---|---|---|---|---|---|

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

B. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

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 |
| 0 | 5 | | | 1 | 9 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3818

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 3 | 3 | . | 1 | 0 |
|---|---|---|---|---|---|

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

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 |
| 0 | 5 | | | 2 | 6 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3819

Amount of Each Disbursement this Period

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|---|---|---|---|---|---|
| 4 | 2 | 9 | . | 1 | 0 |
|---|---|---|---|---|---|

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

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TOTAL This Period (last page this line number only)..... ▶

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| 0 | 0 | 0 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I3820

Amount of Each Disbursement this Period

223.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

B. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I3821

Amount of Each Disbursement this Period

274.00

Memo Item
SZOLD 9/2

Full Name (Last, First, Middle Initial)

C. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.I3822

Amount of Each Disbursement this Period

324.10

Memo Item
SZOLD 9/2

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2818

Amount of Each Disbursement this Period

2953.85

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2819

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2820

Amount of Each Disbursement this Period

3692.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10338.47

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2821

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2822

Amount of Each Disbursement this Period

3692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS A SZOLD

Mailing Address 4530 CONNECTICUT AVE #705
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2823

Amount of Each Disbursement this Period

3692.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11076.93

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REIMBURSEMENT

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
10 / 23 / 2015

Transaction ID : SB21B.I1363

Amount of Each Disbursement this Period

269.94

Memo Item

Full Name (Last, First, Middle Initial)

B. OVERSTOCK.COM

Mailing Address 6350 SOUTH 3000 EAST

City SALT LAKE CITY State UT Zip Code 84121

Purpose of Disbursement
OFFICE FURNITURE

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
10 / 20 / 2015

Transaction ID : SB21B.I3559

Amount of Each Disbursement this Period

269.94

Memo Item
TARNAWSKI 10/23

Full Name (Last, First, Middle Initial)

C. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REIMBURSEMENT

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
11 / 19 / 2015

Transaction ID : SB21B.I1364

Amount of Each Disbursement this Period

309.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

579.77

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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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I3390

Amount of Each Disbursement this Period

222.06

Memo Item
TARNAWSKI 11/19

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.I1365

Amount of Each Disbursement this Period

929.59

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2015

Transaction ID : SB21B.I3164

Amount of Each Disbursement this Period

372.60

Memo Item
TARNAWSKI 9/9

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

929.59

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REIMBURSEMENT

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
09 / 30 / 2015

Transaction ID : SB21B.I1366

Amount of Each Disbursement this Period

2323.01

Memo Item

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE

Mailing Address 25 RESEARCH DR.

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
FOOD

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
09 / 22 / 2015

Transaction ID : SB21B.I3201

Amount of Each Disbursement this Period

280.07

Memo Item
TARNAWSKI 9/30

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE

Mailing Address 25 RESEARCH DR.

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
FOOD

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
09 / 20 / 2015

Transaction ID : SB21B.I3202

Amount of Each Disbursement this Period

497.21

Memo Item
TARNAWSKI 9/30

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2323.01

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement PHOTOCOPIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I3393

Amount of Each Disbursement this Period

338.46

Memo Item
TARNAWSKI 9/30

Full Name (Last, First, Middle Initial)

B. SEAN ENTERPRISES INC.

Mailing Address 6416 RICHMOND HWY

City ALEXANDRIA State VA Zip Code 22306

Purpose of Disbursement EQUIPMENT RENATL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I3624

Amount of Each Disbursement this Period

364.95

Memo Item
TARNAWSKI 9/30

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I3702

Amount of Each Disbursement this Period

274.33

Memo Item
TARNAWSKI 9/30

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

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
07 / 03 / 2015

Transaction ID : SB21B.I1367

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

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
07 / 17 / 2015

Transaction ID : SB21B.I1368

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

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
07 / 31 / 2015

Transaction ID : SB21B.I1369

Amount of Each Disbursement this Period

1846.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5538.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1370

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1371

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1372

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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I1373

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I1374

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1375

Amount of Each Disbursement this Period

1846.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5538.45

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1376

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1377

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1378

Amount of Each Disbursement this Period

1846.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5538.45

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I1379

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA K TARNAWSKI

Mailing Address 2109 MILL RD APT 307
APT #522

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I1380

Amount of Each Disbursement this Period

1846.15

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement
SALARY

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
10 / 23 / 2015

Transaction ID : SB21B.I1415

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3992.30

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1416

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1417

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I1418

Amount of Each Disbursement this Period

600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1800.00

**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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | |
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| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I1419

Amount of Each Disbursement this Period

| |
|--------|
| 900.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN J TASKER

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

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 |
| 12 | / | 04 | / | 2015 |

Transaction ID : SB21B.I1420

Amount of Each Disbursement this Period

| |
|---------|
| 1050.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

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 |
| 10 | / | 23 | / | 2015 |

Transaction ID : SB21B.I2109

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 2250.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2110

Amount of Each Disbursement this Period

525.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2111

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2112

Amount of Each Disbursement this Period

600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1725.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : SB21B.I2113

Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAWRENCE N TASKER III

Mailing Address 96 BOROUGH RD

City PENACOOK State NH Zip Code 03303

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : SB21B.I2114

Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : SB21B.I2160

Amount of Each Disbursement this Period

692.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2492.31

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2161

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2162

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2163

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4153.86

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2164

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2165

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

C. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2166

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4153.86

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2167

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2168

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2169

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4903.86

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2170

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

B. LINDA C UMBERGER

Mailing Address 1157 ETOWAH RIVER RD

City DAWSONVILLE State GA Zip Code 30534

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.I2171

Amount of Each Disbursement this Period

998.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2015

Transaction ID : SB21B.I3498

Amount of Each Disbursement this Period

463.08

Memo Item
UMBERGER 8/27

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2632.62

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA GOP

Mailing Address 1506 HILLSBOROUGH ST

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
EVENT REGISTRATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : SB21B.I3534

Amount of Each Disbursement this Period

335.00

Memo Item
UMBERGER 8/27

Full Name (Last, First, Middle Initial)

B. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City ROCK HILL State SC Zip Code 29730

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2574

Amount of Each Disbursement this Period

692.31

Memo Item

Full Name (Last, First, Middle Initial)

C. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City ROCK HILL State SC Zip Code 29730

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2575

Amount of Each Disbursement this Period

1153.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1846.16

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City State Zip Code
ROCK HILL SC 29730

Purpose of Disbursement
SALARY

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 |
| 12 | | 04 | | 2015 |

Transaction ID : SB21B.I2576

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City State Zip Code
ROCK HILL SC 29730

Purpose of Disbursement
SALARY

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I2577

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City State Zip Code
ROCK HILL SC 29730

Purpose of Disbursement
SALARY

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 |
| 11 | | 20 | | 2015 |

Transaction ID : SB21B.I2578

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---------|
| 3711.55 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City State Zip Code
ROCK HILL SC 29730

Purpose of Disbursement
SALARY

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
12 / 18 / 2015

Transaction ID : **SB21B.I2579**

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. SAMUEL G VETTER

Mailing Address 654 SCHUYLER DR.

City State Zip Code
ROCK HILL SC 29730

Purpose of Disbursement
SALARY

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
12 / 31 / 2015

Transaction ID : **SB21B.I3950**

Amount of Each Disbursement this Period

1153.85

Memo Item

Full Name (Last, First, Middle Initial)

C. LISA M WARK

Mailing Address 2142 CAST PEBBLE DR.

City State Zip Code
LAS VEGAS NV 89135

Purpose of Disbursement
SALARY

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
12 / 04 / 2015

Transaction ID : **SB21B.I2172**

Amount of Each Disbursement this Period

1384.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3942.32

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LISA M WARK

Mailing Address 2142 CAST PEBBLE DR.

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2173

Amount of Each Disbursement this Period

1384.62

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA M WARK

Mailing Address 2142 CAST PEBBLE DR.

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2174

Amount of Each Disbursement this Period

1634.62

Memo Item

Full Name (Last, First, Middle Initial)

C. LISA M WARK

Mailing Address 2142 CAST PEBBLE DR.

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2175

Amount of Each Disbursement this Period

1634.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4653.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2270

Amount of Each Disbursement this Period

1346.16

Memo Item

Full Name (Last, First, Middle Initial)

B. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2271

Amount of Each Disbursement this Period

1346.16

Memo Item

Full Name (Last, First, Middle Initial)

C. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2272

Amount of Each Disbursement this Period

1346.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4038.48

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2273

Amount of Each Disbursement this Period

1346.16

Memo Item

Full Name (Last, First, Middle Initial)

B. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2274

Amount of Each Disbursement this Period

1346.16

Memo Item

Full Name (Last, First, Middle Initial)

C. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2275

Amount of Each Disbursement this Period

1346.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4038.48

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MELINDA L WERTZ

Mailing Address 1308 C STREET SE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I2276

Amount of Each Disbursement this Period

| |
|---------|
| 1346.16 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID L WHITE

Mailing Address 707 1/2 NE 21 ST

City OKLAHOMA CITY State OK Zip Code 73105

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I1756

Amount of Each Disbursement this Period

| |
|--------|
| 923.08 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID L WHITE

Mailing Address 707 1/2 NE 21 ST

City OKLAHOMA CITY State OK Zip Code 73105

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 18 | | 2015 |

Transaction ID : SB21B.I1757

Amount of Each Disbursement this Period

| |
|---------|
| 1384.62 |
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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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| 3653.86 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JARRETT M WILSON

Mailing Address 40 ALMONT ST

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1944

Amount of Each Disbursement this Period

228.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JARRETT M WILSON

Mailing Address 40 ALMONT ST

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1945

Amount of Each Disbursement this Period

240.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JARRETT M WILSON

Mailing Address 40 ALMONT ST

City NASHUA State NH Zip Code 03060

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1946

Amount of Each Disbursement this Period

468.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

936.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SARAH E WILSON

Mailing Address 211 BATESVIEW DR. APT #37

City GREENVILLE State SC Zip Code 29607

Purpose of Disbursement SALARY

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 |
| 12 | / | 04 | / | 2015 |

Transaction ID : SB21B.I2585

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SARAH E WILSON

Mailing Address 211 BATESVIEW DR. APT #37

City GREENVILLE State SC Zip Code 29607

Purpose of Disbursement SALARY

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I2586

Amount of Each Disbursement this Period

| |
|---------|
| 1153.85 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SARAH E WILSON

Mailing Address 211 BATESVIEW DR. APT #37

City GREENVILLE State SC Zip Code 29607

Purpose of Disbursement SALARY

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 |
| 11 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2587

Amount of Each Disbursement this Period

| |
|---------|
| 1403.85 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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|---------|
| 3711.55 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SARAH E WILSON

Mailing Address 211 BATESVIEW DR. APT #37

City GREENVILLE State SC Zip Code 29607

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2588

Amount of Each Disbursement this Period

1403.85

Memo Item

Full Name (Last, First, Middle Initial)

B. 900 DEGREES

Mailing Address 1 BRICKYARD SQ

City EPPING State NH Zip Code 03042

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I1218

Amount of Each Disbursement this Period

243.18

Memo Item

Full Name (Last, First, Middle Initial)

C. A CLASSIC PARTY RENTAL

Mailing Address 1222 E 86TH ST

City INDIANAPOLIS State IN Zip Code 46240

Purpose of Disbursement EVENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I1219

Amount of Each Disbursement this Period

790.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2437.51

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ADORAMA

Mailing Address 42 W 18TH ST

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : SB21B.I1235

Amount of Each Disbursement this Period

575.40

Memo Item

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I1259

Amount of Each Disbursement this Period

624.19

Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1260

Amount of Each Disbursement this Period

722.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1921.90

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I1270

Amount of Each Disbursement this Period

225.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB21B.I1271

Amount of Each Disbursement this Period

251.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1272

Amount of Each Disbursement this Period

286.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

762.30

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1273

Amount of Each Disbursement this Period

316.60

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1274

Amount of Each Disbursement this Period

316.60

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1275

Amount of Each Disbursement this Period

318.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

951.80

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I1276

Amount of Each Disbursement this Period

320.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I1277

Amount of Each Disbursement this Period

322.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1278

Amount of Each Disbursement this Period

380.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1022.40

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

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 |
| 12 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1279

Amount of Each Disbursement this Period

| |
|--------|
| 391.70 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

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 |
| 09 | / | 21 | / | 2015 |

Transaction ID : SB21B.I1280

Amount of Each Disbursement this Period

| |
|--------|
| 466.10 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

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 |
| 12 | / | 03 | / | 2015 |

Transaction ID : SB21B.I1281

Amount of Each Disbursement this Period

| |
|--------|
| 473.10 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 1330.90 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

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
12 / 07 / 2015

Transaction ID : SB21B.I1282

Amount of Each Disbursement this Period

473.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

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
11 / 09 / 2015

Transaction ID : SB21B.I1283

Amount of Each Disbursement this Period

481.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

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
10 / 26 / 2015

Transaction ID : SB21B.I1284

Amount of Each Disbursement this Period

484.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1438.40

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB21B.I1285

Amount of Each Disbursement this Period

484.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Transaction ID : SB21B.I1286

Amount of Each Disbursement this Period

493.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I1287

Amount of Each Disbursement this Period

529.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1506.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I1288

Amount of Each Disbursement this Period

536.10

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I1289

Amount of Each Disbursement this Period

552.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I1290

Amount of Each Disbursement this Period

569.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1657.30

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I1291

Amount of Each Disbursement this Period

587.60

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1292

Amount of Each Disbursement this Period

771.10

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.I1293

Amount of Each Disbursement this Period

1104.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2462.90

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1294

Amount of Each Disbursement this Period

316.48

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I1295

Amount of Each Disbursement this Period

679.92

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I1296

Amount of Each Disbursement this Period

1773.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2769.66

**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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I1297

Amount of Each Disbursement this Period

3302.95

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1298

Amount of Each Disbursement this Period

364.59

Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB21B.I3096

Amount of Each Disbursement this Period

269.80

Memo Item

AMEX 11/30

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3667.54

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

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 |
| 12 | | 23 | | 2015 |

Transaction ID : SB21B.I1299

Amount of Each Disbursement this Period

| |
|---------|
| 3985.28 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

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 |
| 12 | | 27 | | 2015 |

Transaction ID : SB21B.I3105

Amount of Each Disbursement this Period

| |
|--------|
| 608.20 |
|--------|

Memo Item
AMEX 12/28

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

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 |
| 12 | | 29 | | 2015 |

Transaction ID : SB21B.I3106

Amount of Each Disbursement this Period

| |
|--------|
| 825.70 |
|--------|

Memo Item
AMEX 12/28

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 3985.28 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.I3107

Amount of Each Disbursement this Period

825.70

Memo Item
AMEX 12/28

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.I3108

Amount of Each Disbursement this Period

825.70

Memo Item
AMEX 12/28

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I3115

Amount of Each Disbursement this Period

430.20

Memo Item
AMEX 12/28

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I3101

Amount of Each Disbursement this Period

583.52

Memo Item
AMEX 12/23

Full Name (Last, First, Middle Initial)

B. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2015

Transaction ID : SB21B.I3102

Amount of Each Disbursement this Period

3088.00

Memo Item
AMEX 12/23

Full Name (Last, First, Middle Initial)

C. OMNI HOTELS

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement REFUND OF PURCHASE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.I3104

Amount of Each Disbursement this Period

-2044.99

Memo Item
AMEX 12/23

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PRESTIGE CORPORATION

Mailing Address 1099 WALL ST WESTSUITE 100

City LYNDHURST State NJ Zip Code 07071

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB21B.I3103

Amount of Each Disbursement this Period

2325.00

Memo Item
AMEX 12/23

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.I1300

Amount of Each Disbursement this Period

6805.72

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1301

Amount of Each Disbursement this Period

15646.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

22452.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AT CONFERENCE

Mailing Address P.O. BOX 2939

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
CONFERENCE CALLING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3022

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 7 | 5 | 2 | . | 9 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29

Full Name (Last, First, Middle Initial)

B. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 2 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3023

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 5 | 2 | . | 2 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29

Full Name (Last, First, Middle Initial)

C. NOOK WEB LLC

Mailing Address 2 N LASALLE ST
14TH FLOOR

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
VOLUNTEER PROGRAM

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3020

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 8 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PURLEM

Mailing Address 2 N LASALLE ST FL 14

City CHICAGO State IL Zip Code 60602

Purpose of Disbursement
WEBSITE EXPENSE

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
10 / 28 / 2015

Transaction ID : SB21B.I3024

Amount of Each Disbursement this Period

4200.00

Memo Item
AMEX 10/29

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

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
09 / 30 / 2015

Transaction ID : SB21B.I3021

Amount of Each Disbursement this Period

3541.85

Memo Item
AMEX 10/29

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

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
10 / 29 / 2015

Transaction ID : SB21B.I1302

Amount of Each Disbursement this Period

17151.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

17151.10

**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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I3044

Amount of Each Disbursement this Period

967.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I3045

Amount of Each Disbursement this Period

327.60

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I3046

Amount of Each Disbursement this Period

967.20

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3047

Amount of Each Disbursement this Period

967.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3048

Amount of Each Disbursement this Period

967.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. COVINGTON TRAVEL

Mailing Address 4800 COX RD STE 200

City State Zip Code
GLEN ALLEN VA 23060

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3049

Amount of Each Disbursement this Period

967.20

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 8 | 9 | 1 | . | 2 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3051

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 4 | 0 | . | 1 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3052

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 6 | 4 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3053

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 1 | 4 | . | 7 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3054

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 1 | 4 | . | 7 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3055

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 1 | 4 | . | 7 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3056

Amount of Each Disbursement this Period

891.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3057

Amount of Each Disbursement this Period

891.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3058

Amount of Each Disbursement this Period

891.20

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3059

Amount of Each Disbursement this Period

891.20

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3060

Amount of Each Disbursement this Period

414.70

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3061

Amount of Each Disbursement this Period

414.70

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3062

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 1 | 4 | 7 | 0 |
|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3063

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 1 | 4 | 7 | 0 |
|---|---|---|---|---|

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3064

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 6 | 4 | . | 2 | 0 |
|---|---|---|---|---|---|

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3065

Amount of Each Disbursement this Period

414.70

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3066

Amount of Each Disbursement this Period

414.70

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

C. STOVROFF & TAYLOR TRAVEL

Mailing Address 1127 WEHRLE DR.

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I3067

Amount of Each Disbursement this Period

414.70

Memo Item
AMEX 10/29B

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB21B.I3025

Amount of Each Disbursement this Period

1961.85

Memo Item
AMEX 10/29B

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2015

Transaction ID : SB21B.I1303

Amount of Each Disbursement this Period

22445.28

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB21B.I3083

Amount of Each Disbursement this Period

221.60

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

22445.28

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | | | |

Transaction ID : SB21B.I3085

Amount of Each Disbursement this Period

| |
|--------|
| 507.60 |
|--------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. DOMINO'S

Mailing Address 30 FRANK LLOYD WRIGHT DR.

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | | | |

Transaction ID : SB21B.I3086

Amount of Each Disbursement this Period

| |
|--------|
| 302.02 |
|--------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 08 | | | 2015 | | | | | |

Transaction ID : SB21B.I3090

Amount of Each Disbursement this Period

| |
|--------|
| 618.82 |
|--------|

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|------|
| 0.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2015

Transaction ID : SB21B.I3091

Amount of Each Disbursement this Period

612.66

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2015

Transaction ID : SB21B.I3092

Amount of Each Disbursement this Period

11006.82

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. PURLEM

Mailing Address 2 N LASALLE ST FL 14

City CHICAGO State IL Zip Code 60602

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I3081

Amount of Each Disbursement this Period

700.00

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I3068

Amount of Each Disbursement this Period

773.96

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I3069

Amount of Each Disbursement this Period

1100.96

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I3070

Amount of Each Disbursement this Period

550.48

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

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 |
| 1 | 1 | 1 | | 0 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3071

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 5 | 0 | . | 4 | 8 |
|---|---|---|---|---|---|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

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 |
| 1 | 1 | 1 | | 0 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3072

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 5 | 0 | . | 4 | 8 |
|---|---|---|---|---|---|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

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 |
| 1 | 1 | 1 | | 0 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I3073

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 6 | 0 | . | 9 | 8 |
|---|---|---|---|---|---|

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 03 | | | 2015 | | | | | |

Transaction ID : SB21B.I3074

Amount of Each Disbursement this Period

| |
|--------|
| 654.46 |
|--------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 03 | | | 2015 | | | | | |

Transaction ID : SB21B.I3075

Amount of Each Disbursement this Period

| |
|---------|
| 1100.96 |
|---------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 03 | | | 2015 | | | | | |

Transaction ID : SB21B.I3077

Amount of Each Disbursement this Period

| |
|---------|
| 1100.96 |
|---------|

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|------|
| 0.00 |
|------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2015 | | | |

Transaction ID : SB21B.I3080

Amount of Each Disbursement this Period

| |
|---------|
| 1100.96 |
|---------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2015 | | | |

Transaction ID : SB21B.I3082

Amount of Each Disbursement this Period

| |
|---------|
| -284.51 |
|---------|

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2015 | | | |

Transaction ID : SB21B.I3087

Amount of Each Disbursement this Period

| |
|--------|
| 550.48 |
|--------|

Memo Item
AMEX 11/15

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|------|
| 0.00 |
|------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I3088

Amount of Each Disbursement this Period

329.48

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2015

Transaction ID : SB21B.I3089

Amount of Each Disbursement this Period

-329.48

Memo Item
AMEX 11/15

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB21B.I1304

Amount of Each Disbursement this Period

1049.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1049.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I1305

Amount of Each Disbursement this Period

1558.55

Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.I1306

Amount of Each Disbursement this Period

252.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APPLE

Mailing Address 1 INFINTE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I1383

Amount of Each Disbursement this Period

240.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2050.82

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ARIZONA CHAMBER OF COMMERCE AND INDUSTRY

Mailing Address 3200 N CENTRAL AVE STE 1125

City PHOENIX State AZ Zip Code 85012

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I1385

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ARLINGTON CINEMA INC.

Mailing Address 2903 COLUMBIA PIKE

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.I1386

Amount of Each Disbursement this Period

450.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ARLINGTON CINEMA INC.

Mailing Address 2903 COLUMBIA PIKE

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I1387

Amount of Each Disbursement this Period

1550.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ASPEN INSURANCE AGENCY

Mailing Address ATTN: WILLIAM INFANTINE40 STARK S

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I1389

Amount of Each Disbursement this Period

515.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ASPEN INVESTMENTS LLC

Mailing Address C/O STANBROUGH REALTY COMPANY LLC

City CLIVE State IA Zip Code 15032

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1390

Amount of Each Disbursement this Period

20000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AT CONFERENCE

Mailing Address P.O. BOX 2939

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement CONFERENCE CALLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I1391

Amount of Each Disbursement this Period

752.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

21267.90

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AT CONFERENCE

Mailing Address P.O. BOX 2939

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
CONFERENCE CALL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I1392

Amount of Each Disbursement this Period

299.36

Memo Item

Full Name (Last, First, Middle Initial)

B. AT CONFERENCE

Mailing Address P.O. BOX 2939

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
CONFERENCE CALL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I1393

Amount of Each Disbursement this Period

544.98

Memo Item

Full Name (Last, First, Middle Initial)

C. B&H PHOTO

Mailing Address 420 9TH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.I1405

Amount of Each Disbursement this Period

365.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1210.33

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. B&H PHOTO

Mailing Address 420 9TH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I1406

Amount of Each Disbursement this Period

1699.00

Memo Item

Full Name (Last, First, Middle Initial)

B. B&H PHOTO

Mailing Address 420 9TH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I1407

Amount of Each Disbursement this Period

1922.72

Memo Item

Full Name (Last, First, Middle Initial)

C. B&H PHOTO

Mailing Address 420 9TH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : SB21B.I1408

Amount of Each Disbursement this Period

642.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4263.92

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND ANALYTICS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement
DATA

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
12 / 18 / 2015

Transaction ID : SB21B.I1411

Amount of Each Disbursement this Period

13741.49

Memo Item

Full Name (Last, First, Middle Initial)

B. BEDFORD VILLAGE INN

Mailing Address 2 OLDE BEDFORD WAY

City BEFORD State NH Zip Code 03110

Purpose of Disbursement
TRAVEL

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
07 / 13 / 2015

Transaction ID : SB21B.I1414

Amount of Each Disbursement this Period

306.41

Memo Item

Full Name (Last, First, Middle Initial)

C. BLACK LABEL STRATEGY, LLC

Mailing Address 3020 DEVINE STSTE 2C

City COLUMBIA State SC Zip Code 29205

Purpose of Disbursement
DATA SERVICES

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
07 / 28 / 2015

Transaction ID : SB21B.I1438

Amount of Each Disbursement this Period

735.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

14782.90

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1441

Amount of Each Disbursement this Period

640.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I1442

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1443

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)..... ▶

3640.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1444

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.I1445

Amount of Each Disbursement this Period

2750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I1446

Amount of Each Disbursement this Period

3750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1447

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1448

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1449

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)

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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)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1450

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1451

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1452

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1453

Amount of Each Disbursement this Period

5750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : SB21B.I1454

Amount of Each Disbursement this Period

5750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.I1455

Amount of Each Disbursement this Period

6500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

18000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BLUEPRINT FUSION, LLC

Mailing Address 205 LAKE AVE

City TRUMBULL State CT Zip Code 06611

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.I1456

Amount of Each Disbursement this Period

7200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BOUTWELL'S BOWLING CENTER

Mailing Address 152 N STATE ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
VENUE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I1457

Amount of Each Disbursement this Period

230.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BREITBART NEWS NETWORK, LLC

Mailing Address C/O FREEMARK FINANCIAL LLP8383 WI

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
ADVERTISING - ONLINE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I1462

Amount of Each Disbursement this Period

8000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15430.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1470

Amount of Each Disbursement this Period

231.49

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1471

Amount of Each Disbursement this Period

260.62

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1472

Amount of Each Disbursement this Period

280.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

772.23

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

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 |
| 08 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1473

Amount of Each Disbursement this Period

| |
|--------|
| 330.68 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1474

Amount of Each Disbursement this Period

| |
|--------|
| 361.86 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

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 |
| 08 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1475

Amount of Each Disbursement this Period

| |
|--------|
| 419.04 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 1111.58 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

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
08 / 31 / 2015

Transaction ID : SB21B.I1476

Amount of Each Disbursement this Period

451.20

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

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
11 / 30 / 2015

Transaction ID : SB21B.I1477

Amount of Each Disbursement this Period

457.11

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

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
08 / 31 / 2015

Transaction ID : SB21B.I1478

Amount of Each Disbursement this Period

556.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1464.85

**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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Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.I1479

Amount of Each Disbursement this Period

676.06

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1480

Amount of Each Disbursement this Period

879.14

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1481

Amount of Each Disbursement this Period

942.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2497.47

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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Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1482

Amount of Each Disbursement this Period

1217.86

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1483

Amount of Each Disbursement this Period

1475.36

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1484

Amount of Each Disbursement this Period

1591.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4284.97

**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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1485

Amount of Each Disbursement this Period

1643.06

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1486

Amount of Each Disbursement this Period

2172.54

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1487

Amount of Each Disbursement this Period

2909.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6725.25

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1488

Amount of Each Disbursement this Period

10483.35

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1490

Amount of Each Disbursement this Period

216.90

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1491

Amount of Each Disbursement this Period

359.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11059.65

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1492

Amount of Each Disbursement this Period

369.15

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1493

Amount of Each Disbursement this Period

483.75

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1494

Amount of Each Disbursement this Period

768.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1621.80

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1495

Amount of Each Disbursement this Period

926.89

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1496

Amount of Each Disbursement this Period

1184.25

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1497

Amount of Each Disbursement this Period

1270.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3381.96

**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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1498

Amount of Each Disbursement this Period

1374.90

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1499

Amount of Each Disbursement this Period

1541.40

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1500

Amount of Each Disbursement this Period

1956.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4872.75

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

2111.55

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1502

Amount of Each Disbursement this Period

2346.17

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1503

Amount of Each Disbursement this Period

3718.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8176.67

**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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1504

Amount of Each Disbursement this Period

4106.25

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1505

Amount of Each Disbursement this Period

5145.15

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1506

Amount of Each Disbursement this Period

6606.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15858.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

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 |
| 08 | | 31 | | 2015 |

Transaction ID : SB21B.I1507

Amount of Each Disbursement this Period

| |
|---------|
| 6866.74 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

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 |
| 08 | | 31 | | 2015 |

Transaction ID : SB21B.I1508

Amount of Each Disbursement this Period

| |
|---------|
| 6986.56 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

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 |
| 08 | | 31 | | 2015 |

Transaction ID : SB21B.I1509

Amount of Each Disbursement this Period

| |
|---------|
| 9183.45 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 23036.75 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1510

Amount of Each Disbursement this Period

13320.90

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1511

Amount of Each Disbursement this Period

45883.68

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1512

Amount of Each Disbursement this Period

925.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

60130.38

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1513

Amount of Each Disbursement this Period

1785.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.I1514

Amount of Each Disbursement this Period

2761.81

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1515

Amount of Each Disbursement this Period

3094.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7641.84

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE CONSULTING 14954

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1516

Amount of Each Disbursement this Period

18376.45

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1517

Amount of Each Disbursement this Period

1807.95

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.I1518

Amount of Each Disbursement this Period

5974.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

26159.16

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE CONSULTING 14830

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1519

Amount of Each Disbursement this Period

1807.95

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1520

Amount of Each Disbursement this Period

28418.02

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1521

Amount of Each Disbursement this Period

4124.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

34350.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1522

Amount of Each Disbursement this Period

| |
|----------|
| 20600.21 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 30 | / | 2015 |

Transaction ID : SB21B.I1523

Amount of Each Disbursement this Period

| |
|---------|
| 5356.87 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 31 | / | 2015 |

Transaction ID : SB21B.I1524

Amount of Each Disbursement this Period

| |
|---------|
| 8285.42 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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| 34242.50 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1525

Amount of Each Disbursement this Period

137651.03

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1526

Amount of Each Disbursement this Period

459.45

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1527

Amount of Each Disbursement this Period

650.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

138761.18

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1528

Amount of Each Disbursement this Period

18709.67

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1529

Amount of Each Disbursement this Period

39962.70

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1530

Amount of Each Disbursement this Period

1107.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

59779.82

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1531

Amount of Each Disbursement this Period

12318.75

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1532

Amount of Each Disbursement this Period

3552.75

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1533

Amount of Each Disbursement this Period

1451.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

17322.75

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1534

Amount of Each Disbursement this Period

5869.35

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

1078.20

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

19819.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

26767.35

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

2780.68

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

15435.45

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

2306.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20522.83

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1540

Amount of Each Disbursement this Period

27550.35

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1541

Amount of Each Disbursement this Period

4624.20

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REVENUE SHARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1542

Amount of Each Disbursement this Period

11156.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

43331.40

**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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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1543

Amount of Each Disbursement this Period

3812.47

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1544

Amount of Each Disbursement this Period

6334.65

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1545

Amount of Each Disbursement this Period

7038.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

17185.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING 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
12 / 15 / 2015

Transaction ID : SB21B.I7242

Amount of Each Disbursement this Period

432.60

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING 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
12 / 15 / 2015

Transaction ID : SB21B.I7244

Amount of Each Disbursement this Period

1297.80

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING 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
12 / 31 / 2015

Transaction ID : SB21B.I7245

Amount of Each Disbursement this Period

1370.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3101.10

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I7246

Amount of Each Disbursement this Period

456.90

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I7247

Amount of Each Disbursement this Period

1091.16

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I1548

Amount of Each Disbursement this Period

639.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2187.26

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I1549

Amount of Each Disbursement this Period

2302.40

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
SERVICE CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I1564

Amount of Each Disbursement this Period

286.40

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1580

Amount of Each Disbursement this Period

250.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2839.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1628

Amount of Each Disbursement this Period

1373.81

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1630

Amount of Each Disbursement this Period

2023.66

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAGING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I1631

Amount of Each Disbursement this Period

6028.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9425.99

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : SB21B.I1641

Amount of Each Disbursement this Period

224.23

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I1642

Amount of Each Disbursement this Period

267.71

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : SB21B.I1643

Amount of Each Disbursement this Period

298.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

790.69

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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
12 / 24 / 2015

Transaction ID : SB21B.I1644

Amount of Each Disbursement this Period

325.94

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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
08 / 05 / 2015

Transaction ID : SB21B.I1645

Amount of Each Disbursement this Period

342.46

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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
07 / 16 / 2015

Transaction ID : SB21B.I1646

Amount of Each Disbursement this Period

343.11

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1011.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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 |
| 1 | 0 | | | 2 | 2 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1647

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 7 | 1 | . | 3 | 7 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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 |
| 0 | 7 | | | 2 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1648

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 5 | 7 | . | 6 | 4 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

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 |
| 1 | 1 | | | 0 | 5 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1649

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 0 | 3 | . | 8 | 9 |
|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 1 | 4 | 3 | . | 2 | 9 |
|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 1 | 4 | 3 | . | 2 | 9 |
|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I1650

Amount of Each Disbursement this Period

635.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.I1651

Amount of Each Disbursement this Period

702.24

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I1652

Amount of Each Disbursement this Period

708.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2045.96

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1653

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1654

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1655

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)

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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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I1656

Amount of Each Disbursement this Period

957.78

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB21B.I1657

Amount of Each Disbursement this Period

968.18

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I1658

Amount of Each Disbursement this Period

1330.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3256.27

**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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CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1659

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1660

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1661

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1662

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1663

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RDSTE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1664

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.I1665

Amount of Each Disbursement this Period

3706.61

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABAS SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I1666

Amount of Each Disbursement this Period

2508.35

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB21B.I1667

Amount of Each Disbursement this Period

5090.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11305.18

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATE ENTRY & CAGING

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
11 / 09 / 2015

Transaction ID : SB21B.I1668

Amount of Each Disbursement this Period

4017.40

Memo Item

Full Name (Last, First, Middle Initial)

B. COLBERT CONSULTING

Mailing Address 12952 AMBERGATE DR.

City FISHERS State IN Zip Code 46037

Purpose of Disbursement
FUNDRAISING 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
12 / 01 / 2015

Transaction ID : SB21B.I1669

Amount of Each Disbursement this Period

10535.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address P.O. BOX 1577

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
UTILITIES

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
11 / 10 / 2015

Transaction ID : SB21B.I1673

Amount of Each Disbursement this Period

321.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

14874.30

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address P.O. BOX 1577

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 23 | | | 2015 | | | |

Transaction ID : SB21B.I1675

Amount of Each Disbursement this Period

| |
|--------|
| 444.80 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMON MAN, THE

Mailing Address P.O. BOX 581

City ASHLAND State NH Zip Code 03217

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2015 | | | |

Transaction ID : SB21B.I1676

Amount of Each Disbursement this Period

| |
|--------|
| 233.89 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMON MAN, THE

Mailing Address P.O. BOX 581

City ASHLAND State NH Zip Code 03217

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2015 | | | |

Transaction ID : SB21B.I1677

Amount of Each Disbursement this Period

| |
|---------|
| 1600.20 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 2278.89 |
|---------|

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. COMMONWEALTH CONSULTING

Mailing Address 9771 W 71ST AVE

City ARVADA State CO Zip Code 80004

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 8 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1678

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | . | 0 | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE PRODUCTION GROUP

Mailing Address 89 CALIFORNIA ST

City LONG BEACH State NY Zip Code 11561

Purpose of Disbursement
TALENT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1679

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 5 | 5 | 7 | 6 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I1683

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 5 | 4 | . | 9 | 2 | 0 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 6 | 7 | 3 | 0 | . | 9 | 2 |
|---|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 6 | 7 | 3 | 0 | . | 9 | 2 |
|---|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1684

Amount of Each Disbursement this Period

788.22

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2015

Transaction ID : SB21B.I1685

Amount of Each Disbursement this Period

4627.75

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1686

Amount of Each Disbursement this Period

31149.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

36565.10

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I1687

Amount of Each Disbursement this Period

36134.23

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I1688

Amount of Each Disbursement this Period

160551.10

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I1689

Amount of Each Disbursement this Period

207126.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

403811.82

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

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 |
| 1 | 1 | 1 | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I7249

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 9 | 8 | 7 | 6 | 8 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

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 |
| 1 | 2 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I7250

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 0 | 4 | 0 | 8 | 8 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

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 |
| 1 | 1 | 1 | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I7251

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 9 | 0 | 6 | 2 |
|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 9 | 5 | 1 | 9 | 1 | 8 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 9 | 5 | 1 | 9 | 1 | 8 |
|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR LLC

Mailing Address 435 E MAIN ST STE 250
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
REVENUE SHARE

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
12 / 31 / 2015

Transaction ID : SB21B.I7252

Amount of Each Disbursement this Period

388.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4
FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PUBLIC RELATIONS 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
07 / 03 / 2015

Transaction ID : SB21B.I1711

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4
FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PUBLIC RELATIONS 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
08 / 10 / 2015

Transaction ID : SB21B.I1712

Amount of Each Disbursement this Period

13949.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

26838.12

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PUBLIC RELATIONS CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.I1713

Amount of Each Disbursement this Period

15967.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PUBLIC RELATIONS CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I1714

Amount of Each Disbursement this Period

16869.30

Memo Item

Full Name (Last, First, Middle Initial)

C. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PUBLIC RELATIONS CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.I1715

Amount of Each Disbursement this Period

18552.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

51388.37

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE FL 4

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PUBLIC RELATIONS CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I1716

Amount of Each Disbursement this Period

18955.29

Memo Item

Full Name (Last, First, Middle Initial)

B. DABNEY HOLLIS

Mailing Address 2902 WYNGATE DR.

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.I1726

Amount of Each Disbursement this Period

5732.46

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I1778

Amount of Each Disbursement this Period

202.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

24889.85

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I1779

Amount of Each Disbursement this Period

720.70

Memo Item

Full Name (Last, First, Middle Initial)

B. DISCOUNTMUGS

Mailing Address 12610 NW 115TH AVE

City MIAMI State FL Zip Code 33178

Purpose of Disbursement BRANDED MUGS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I1784

Amount of Each Disbursement this Period

570.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DNC-CHAMPIONS VILLAGE

Mailing Address ATTN: ALEXANDRA SCHMIDT800 S MINT

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement TRAVEL/ACCOMMODATIONS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I1785

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1790.70

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DOCWORKERS, INC

Mailing Address 1223 WILSHIRE BLVD #629

City SANTA MONICA State CA Zip Code 90403

Purpose of Disbursement VIDEO SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I1786

Amount of Each Disbursement this Period

2045.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DOCWORKERS, INC

Mailing Address 1223 WILSHIRE BLVD #629

City SANTA MONICA State CA Zip Code 90403

Purpose of Disbursement WEBSITE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I1787

Amount of Each Disbursement this Period

425.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING; EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I1792

Amount of Each Disbursement this Period

2329.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4799.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING; EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I1793

Amount of Each Disbursement this Period

19090.52

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.I1794

Amount of Each Disbursement this Period

2604.93

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTION CFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I1795

Amount of Each Disbursement this Period

6626.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

28321.55

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EN VIOUS EVENTS

Mailing Address 132 BRUSH HOLLOW CRESCENT

City RYE BROOK State NY Zip Code 10573

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I1803

Amount of Each Disbursement this Period

1026.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EVENTBRITE, INC

Mailing Address 155 5TH ST FL 7

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.I1812

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I1818

Amount of Each Disbursement this Period

252.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

13778.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I1819

Amount of Each Disbursement this Period

322.88

Memo Item

Full Name (Last, First, Middle Initial)

B. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.I1820

Amount of Each Disbursement this Period

326.56

Memo Item

Full Name (Last, First, Middle Initial)

C. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I1821

Amount of Each Disbursement this Period

808.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1458.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

1026.19

Memo Item

Full Name (Last, First, Middle Initial)

B. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I1823

Amount of Each Disbursement this Period

1109.23

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.I1864

Amount of Each Disbursement this Period

269.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2405.30

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.I1865

Amount of Each Disbursement this Period

364.17

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2015

Transaction ID : SB21B.I1866

Amount of Each Disbursement this Period

1589.07

Memo Item

Full Name (Last, First, Middle Initial)

C. FREEDOMWORKS, INC.

Mailing Address ATTN: PARISSA SEDGHI400 N CAPITOL

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement CONFERENCE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I1867

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2453.24

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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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I1887

Amount of Each Disbursement this Period

256.79

Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I1888

Amount of Each Disbursement this Period

383.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I1892

Amount of Each Disbursement this Period

530.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1170.26

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I1894

Amount of Each Disbursement this Period

4516.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I1895

Amount of Each Disbursement this Period

4705.91

Memo Item

Full Name (Last, First, Middle Initial)

C. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I1896

Amount of Each Disbursement this Period

4706.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

13928.28

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.I1897

Amount of Each Disbursement this Period

9532.27

Memo Item

Full Name (Last, First, Middle Initial)

B. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I1898

Amount of Each Disbursement this Period

1600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I1899

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15132.27

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I1900

Amount of Each Disbursement this Period

4362.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEARTLAND CAMPAIGN MANAGEMENT

Mailing Address 10312 S 177TH ST

City OMAHA State NE Zip Code 68136

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I1905

Amount of Each Disbursement this Period

2318.50

Memo Item

Full Name (Last, First, Middle Initial)

C. HEMAFLOW

Mailing Address 1800 ROCKBRIDGE CT

City CANTON State OH Zip Code 44709

Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2015

Transaction ID : SB21B.I1910

Amount of Each Disbursement this Period

7500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

14180.50

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:
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOON DESIGNS, LLC

Mailing Address 2800 SHIRLINGTON RDSTE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
DIRECT MAIL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I1914

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JANAL COMMUNICATIONS

Mailing Address 22400 BRACKETTS RD

City EXCELSIOR State MN Zip Code 55331

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB21B.I1943

Amount of Each Disbursement this Period

624.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KMAC & ASSOCIATES, LLC

Mailing Address 1605 NW 65TH ST

City VANCOUVER State WA Zip Code 98663

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2092

Amount of Each Disbursement this Period

10430.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11904.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KMAC & ASSOCIATES, LLC

Mailing Address 1605 NW 65TH ST

City VANCOUVER State WA Zip Code 98663

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2015 | | | |

Transaction ID : SB21B.I2093

Amount of Each Disbursement this Period

| |
|----------|
| 10450.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

B. LETTERSTREAM, INC.

Mailing Address 8451 E ANDERSON DR. STE 106

City SCOTTSDALE State AZ Zip Code 85255

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 26 | | | 2015 | | | |

Transaction ID : SB21B.I2153

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 18 | | | 2015 | | | |

Transaction ID : SB21B.I2154

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10950.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I2155

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2156

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I2157

Amount of Each Disbursement this Period

250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I2158

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I2159

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOEWS HOTELS

Mailing Address 667 MADISON AVE

City NEW YORK State NY Zip Code 10067

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I2183

Amount of Each Disbursement this Period

771.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1521.94

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LOEWS HOTELS

Mailing Address 667 MADISON AVE

City NEW YORK State NY Zip Code 10067

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I2184

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I2212

Amount of Each Disbursement this Period

723.80

Memo Item

Full Name (Last, First, Middle Initial)

C. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement MEDIA CONSUTLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2253

Amount of Each Disbursement this Period

7747.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10970.80

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2254

Amount of Each Disbursement this Period

14068.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2255

Amount of Each Disbursement this Period

22225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2256

Amount of Each Disbursement this Period

25000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

61293.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

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
10 / 26 / 2015

Transaction ID : SB21B.I2257

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

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
10 / 29 / 2015

Transaction ID : SB21B.I2258

Amount of Each Disbursement this Period

27134.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
MEDIA CONSUTLING

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
11 / 13 / 2015

Transaction ID : SB21B.I2259

Amount of Each Disbursement this Period

30000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

82134.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2260

Amount of Each Disbursement this Period

7359.36

Memo Item

Full Name (Last, First, Middle Initial)

B. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2261

Amount of Each Disbursement this Period

14284.20

Memo Item

Full Name (Last, First, Middle Initial)

C. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.I2262

Amount of Each Disbursement this Period

15579.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

37222.56

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MEATH MEDIA GROUP

Mailing Address C/O JASON MEATH4441 KLINGLE ST NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.I2263

Amount of Each Disbursement this Period

30000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIACOM

Mailing Address P.O. BOX 5744

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2264

Amount of Each Disbursement this Period

1410.80

Memo Item

Full Name (Last, First, Middle Initial)

C. MOBILESPHERE

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I2315

Amount of Each Disbursement this Period

250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

31660.80

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MOBILESPHERE

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B.I2316

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOBILESPHERE

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2317

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MOBILESPHERE

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I2318

Amount of Each Disbursement this Period

250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MOBILESPHERE

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I2319

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MORGAN LUCAS RACING - CATERING

Mailing Address 480 SOUTHPOINT CIR

City BROWNSBURG State IN Zip Code 46112

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2320

Amount of Each Disbursement this Period

8805.13

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL FEDERATION OF REPUBLICAN WOMEN

Mailing Address 124 N ALFRED ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONVENTION BOOTH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.I2334

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10055.13

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NEW YORK TIMES

Mailing Address 229 W 43RD ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
ADVERTISING - PRINT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : SB21B.I2336

Amount of Each Disbursement this Period

118238.40

Memo Item

Full Name (Last, First, Middle Initial)

B. NEWSMAX MEDIA INC.

Mailing Address 750 PARK OF COMMERCE DR STE 100

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I2337

Amount of Each Disbursement this Period

5707.97

Memo Item

Full Name (Last, First, Middle Initial)

C. NEYLAN & PARTNERS

Mailing Address 9401 BROOKMAY CT

City ALEXANDRIA State VA Zip Code 22309

Purpose of Disbursement
MEDIA PLACEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2338

Amount of Each Disbursement this Period

20865.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

144811.97

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NEYLAN & PARTNERS

Mailing Address 9401 BROOKMAY CT

City ALEXANDRIA State VA Zip Code 22309

Purpose of Disbursement MEDIA PLACEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : SB21B.I2340

Amount of Each Disbursement this Period

224000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NH GRAPHIC ADVANTAGE

Mailing Address 3 DANIEL WEBSTER DR.

City HUDSON State NH Zip Code 03051

Purpose of Disbursement T-SHIRTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I2341

Amount of Each Disbursement this Period

589.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NH GRAPHIC ADVANTAGE

Mailing Address 3 DANIEL WEBSTER DR.

City HUDSON State NH Zip Code 03051

Purpose of Disbursement T-SHIRTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.I2342

Amount of Each Disbursement this Period

8193.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

232782.30

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NOOK WEB LLC

Mailing Address 2 N LASALLE ST
14TH FLOOR

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
VOLUNTEER PROGRAM

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 |
| 12 | / | 18 | / | 2015 |

Transaction ID : SB21B.I2365

Amount of Each Disbursement this Period

| |
|---------|
| 1900.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. NOOK WEB LLC

Mailing Address 2 N LASALLE ST
14TH FLOOR

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
VOLUNTEER PROGRAM

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2366

Amount of Each Disbursement this Period

| |
|----------|
| 12000.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

C. NOOK WEB LLC

Mailing Address 2 N LASALLE ST
14TH FLOOR

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
VOLUNTEER PROGRAM

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2367

Amount of Each Disbursement this Period

| |
|----------|
| 12000.00 |
|----------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 25900.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.I2376

Amount of Each Disbursement this Period

1516.71

Memo Item

Full Name (Last, First, Middle Initial)

B. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.I2377

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I2378

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11516.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B.I2379

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B.I2380

Amount of Each Disbursement this Period

6508.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : SB21B.I2381

Amount of Each Disbursement this Period

3400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

14908.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I2382

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OUT LOUD STRATEGIES, INC.

Mailing Address 10291 NW 39TH CT

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2383

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OUTBRAIN, INC.

Mailing Address 39 WEST 13TH FLOOR3RD FLOOR

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB21B.I2384

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. OUTBRAIN, INC.

Mailing Address 39 WEST 13TH FLOOR3RD FLOOR

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2385

Amount of Each Disbursement this Period

1448.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OUTBRAIN, INC.

Mailing Address 39 WEST 13TH FLOOR3RD FLOOR

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2386

Amount of Each Disbursement this Period

2052.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I2430

Amount of Each Disbursement this Period

4500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2431**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2432**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2433**

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)

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2434

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I2435

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PLATINUM CIRCLE TECHNOLOGIES

Mailing Address P.O. BOX 4141

City ALPHARETTA State GA Zip Code 30023

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.I2436

Amount of Each Disbursement this Period

9000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

18000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. POND5

Mailing Address 155 WOOSTER ST FL 8
FL 18

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2464**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. POND5

Mailing Address 155 WOOSTER ST FL 8
FL 18

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2465**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PRESENCE PUBLIC RELATIONS

Mailing Address 3329 FAINT RIDGE

City PIEDMONT State OK Zip Code 73078

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2488**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PRLEADS

Mailing Address P.O. BOX 130

City EXCELSIOR State MN Zip Code 55331

Purpose of Disbursement
PRESS LISTS

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 |
| 0 | 9 | | | 2 | 3 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2495

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 9 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City DENVER State CO Zip Code 80212

Purpose of Disbursement
FUNDRAISING CONSULTANT EXPENSES

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 |
| 1 | 1 | | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2507

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 9 | 0 | 5 | . | 2 | 6 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City DENVER State CO Zip Code 80212

Purpose of Disbursement
FUNDRAISING 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 |
| 1 | 2 | | | 0 | 8 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2508

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6 | 1 | 2 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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|---|---|---|---|---|---|---|
| 2 | 1 | 2 | 2 | . | 0 | 0 |
|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 1 | 2 | 2 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2509**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2510**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2511**

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2512**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2513**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I2514**

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING 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 |
| 1 | 1 | 1 | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2515

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | 0 | 2 | 1 | 6 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING 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 |
| 1 | 0 | | | 2 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2516

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4 | 8 | 4 | 2 | 7 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING 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 |
| 1 | 1 | 1 | | 2 | 4 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2517

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5 | 0 | 1 | 9 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 8 | 8 | 3 | 8 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | |
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| | | | | | | | |
|--|--|--|--|--|--|--|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSUTLING

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
08 / 11 / 2015

Transaction ID : SB21B.I2518

Amount of Each Disbursement this Period

94173.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSUTLING

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
07 / 21 / 2015

Transaction ID : SB21B.I2519

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RED D

Mailing Address ATTN: JANEL DOMENICOP.O. BOX 1247

City State Zip Code
DENVER CO 80212

Purpose of Disbursement
FUNDRAISING CONSUTLING

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
08 / 05 / 2015

Transaction ID : SB21B.I2520

Amount of Each Disbursement this Period

12500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

94173.00

**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)

| | | | | | |
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I2531

Amount of Each Disbursement this Period

13000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2532

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2533

Amount of Each Disbursement this Period

13075.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

36075.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2534

Amount of Each Disbursement this Period

13529.83

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.I2535

Amount of Each Disbursement this Period

10536.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I2536

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

29065.83

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
ADVERTISING-ONLINE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I7274

Amount of Each Disbursement this Period

90075.00

Memo Item

SEE 11/18/15 DEBIT ENTRY & SCHEDULE E, LINE 24IE FOR INDEPENDENT EXPENDITURE ADVERTISING

Full Name (Last, First, Middle Initial)

B. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I7275

Amount of Each Disbursement this Period

-90074.72

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
ADVERTISING - ONLINE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I7278

Amount of Each Disbursement this Period

260725.00

Memo Item

SEE 11/18/15 DEBIT ENTRY & SCHEDULE E, LINE 24IE FOR INDEPENDENT EXPENDITURE ADVERTISING

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

260725.28

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RIGHT STRATEGIES, LLC

Mailing Address 3176 SUMMIT SQUARE DR STE B-10

City OAKTON State VA Zip Code 22124

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I7279

Amount of Each Disbursement this Period

-260724.64

Memo Item

Full Name (Last, First, Middle Initial)

B. SAINT ANSELM COLLEGE DINING SERVICES

Mailing Address 100 SAINT ANSELM DR.

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I2557

Amount of Each Disbursement this Period

226.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SALOMON BLOCK LLC

Mailing Address 32 MAIN ST

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : SB21B.I2566

Amount of Each Disbursement this Period

495.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-260003.64

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SALOMON BLOCK LLC

Mailing Address 32 MAIN ST

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : **SB21B.I2567**

Amount of Each Disbursement this Period

495.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SALOMON BLOCK LLC

Mailing Address 32 MAIN ST

City LITTLETON State NH Zip Code 03561

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : **SB21B.I2568**

Amount of Each Disbursement this Period

495.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SELECTIVE INSURANCE COMPANY OF AMERICA

Mailing Address BOX 371468

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : **SB21B.I2604**

Amount of Each Disbursement this Period

563.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1553.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement COMMUNICATIONS/GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I2605

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.I2606

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.I2607

Amount of Each Disbursement this Period

16502.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

36502.20

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB21B.I2608

Amount of Each Disbursement this Period

19006.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2609

Amount of Each Disbursement this Period

25168.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I2610

Amount of Each Disbursement this Period

15912.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60086.00

**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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement
PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.I2611

Amount of Each Disbursement this Period

16984.50

Memo Item

Full Name (Last, First, Middle Initial)

B. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

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
09 / 17 / 2015

Transaction ID : SB21B.I2612

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City CHEYENNE State WY Zip Code 82001

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
10 / 06 / 2015

Transaction ID : SB21B.I2613

Amount of Each Disbursement this Period

10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

36984.50

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SEPTEMBER GROUP, LLC

Mailing Address 1712 PIONEER AVESUITE 115

City State Zip Code
CHEYENNE WY 82001

Purpose of Disbursement
TELEPHONE VOTER OUTREACH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2614

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SHERATON

Mailing Address 1 STARPOINT

City State Zip Code
STAMFORD CT 06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2620

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SHUTTERSTOCK INC

Mailing Address 350 FIFTH AVE FL 21

City State Zip Code
NEW YORK NY 10118

Purpose of Disbursement
STOCK IMAGES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2625

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SKINNER & PASCHKE, PLLC

Mailing Address 2014 W HICKMAN RD

City WAUKEE State IA Zip Code 50263

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 24 | | 2015 |

Transaction ID : SB21B.I2628

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 2 | 5 | 0 | 0 | 6 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. SLYBROADCASTING

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement VOTER TELEPHONE CONTACT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 09 | | 2015 |

Transaction ID : SB21B.I2629

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 |
|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. SOBY'S NEW SOUTH CUISINE

Mailing Address 207 S MAIN ST

City GREENEVILLE State SC Zip Code 29601

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 28 | | 2015 |

Transaction ID : SB21B.I2630

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 8 | . | 8 | 0 |
|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 2 | 9 | 8 | . | 8 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 2 | 9 | 8 | . | 8 | 0 |
|---|---|---|---|---|---|---|

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SOUTHSIDE 815

Mailing Address 815 S WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD/BEVERAGES

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 |
| 12 | / | 17 | / | 2015 |

Transaction ID : SB21B.I2633

Amount of Each Disbursement this Period

| |
|--------|
| 270.18 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 17 | / | 2015 |

Transaction ID : SB21B.I2663

Amount of Each Disbursement this Period

| |
|--------|
| 210.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2664

Amount of Each Disbursement this Period

| |
|--------|
| 227.00 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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|--------|
| 707.18 |
|--------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 24 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2665

Amount of Each Disbursement this Period

| |
|--------|
| 240.00 |
|--------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 18 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2666

Amount of Each Disbursement this Period

| |
|--------|
| 244.00 |
|--------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 08 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2667

Amount of Each Disbursement this Period

| |
|--------|
| 245.00 |
|--------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|--------|
| 729.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2668

Amount of Each Disbursement this Period

295.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I2669

Amount of Each Disbursement this Period

312.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I2670

Amount of Each Disbursement this Period

315.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

922.00

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 12 | / | 08 | / | 2015 |

Transaction ID : SB21B.I2671

Amount of Each Disbursement this Period

| |
|--------|
| 315.70 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 09 | / | 2015 |

Transaction ID : SB21B.I2672

Amount of Each Disbursement this Period

| |
|--------|
| 342.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2673

Amount of Each Disbursement this Period

| |
|--------|
| 343.00 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 1000.70 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 11 | / | 24 | / | 2015 |

Transaction ID : SB21B.I2674

Amount of Each Disbursement this Period

| |
|--------|
| 343.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2675

Amount of Each Disbursement this Period

| |
|--------|
| 420.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | / | 08 | / | 2015 |

Transaction ID : SB21B.I2676

Amount of Each Disbursement this Period

| |
|--------|
| 440.00 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 1203.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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| |
|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2677

Amount of Each Disbursement this Period

| |
|--------|
| 483.84 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 11 | / | 24 | / | 2015 |

Transaction ID : SB21B.I2678

Amount of Each Disbursement this Period

| |
|--------|
| 495.00 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2679

Amount of Each Disbursement this Period

| |
|--------|
| 505.87 |
|--------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 1484.71 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2680

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2681

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2682

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
10 / 30 / 2015

Transaction ID : SB21B.I2683

Amount of Each Disbursement this Period

780.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
09 / 02 / 2015

Transaction ID : SB21B.I2684

Amount of Each Disbursement this Period

781.46

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
10 / 08 / 2015

Transaction ID : SB21B.I2685

Amount of Each Disbursement this Period

781.46

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2342.92

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 15 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2686

Amount of Each Disbursement this Period

| |
|---------|
| 1503.50 |
|---------|

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 20 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2687

Amount of Each Disbursement this Period

| |
|---------|
| 1596.00 |
|---------|

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2688

Amount of Each Disbursement this Period

| |
|---------|
| 2142.75 |
|---------|

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 5242.25 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 1 | 0 | | | 2 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2689

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 2 | 5 | 4 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 0 | 9 | | | 1 | 7 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2690

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 1 | 0 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I2691

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 1 | 7 | . | 2 | 5 | 8 |
|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | 4 | 2 | . | 6 | 5 | 8 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | 4 | 2 | . | 6 | 5 | 8 |
|---|---|---|---|---|---|---|

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2692

Amount of Each Disbursement this Period

| |
|---------|
| 3237.50 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | / | 20 | / | 2015 |

Transaction ID : SB21B.I2693

Amount of Each Disbursement this Period

| |
|---------|
| 3730.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2694

Amount of Each Disbursement this Period

| |
|---------|
| 3745.65 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10713.15 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 02 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2695

Amount of Each Disbursement this Period

| |
|---------|
| 4904.62 |
|---------|

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 08 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2696

Amount of Each Disbursement this Period

| |
|---------|
| 4904.62 |
|---------|

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 02 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2697

Amount of Each Disbursement this Period

| |
|---------|
| 5500.00 |
|---------|

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 15309.24 |
|----------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
12 / 08 / 2015

Transaction ID : SB21B.I2698

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
09 / 30 / 2015

Transaction ID : SB21B.I2699

Amount of Each Disbursement this Period

6160.34

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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
09 / 02 / 2015

Transaction ID : SB21B.I2700

Amount of Each Disbursement this Period

8720.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20880.34

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | | 20 | | 2015 |

Transaction ID : SB21B.I2701

Amount of Each Disbursement this Period

| |
|----------|
| 13706.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | | 20 | | 2015 |

Transaction ID : SB21B.I2702

Amount of Each Disbursement this Period

| |
|----------|
| 14553.00 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 11 | | 24 | | 2015 |

Transaction ID : SB21B.I2703

Amount of Each Disbursement this Period

| |
|----------|
| 19081.40 |
|----------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 47340.40 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 11 | / | 24 | / | 2015 |

Transaction ID : SB21B.I2704

Amount of Each Disbursement this Period

| |
|----------|
| 19899.10 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 09 | / | 14 | / | 2015 |

Transaction ID : SB21B.I2705

Amount of Each Disbursement this Period

| |
|----------|
| 27079.90 |
|----------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIES

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

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 |
| 10 | / | 30 | / | 2015 |

Transaction ID : SB21B.I2706

Amount of Each Disbursement this Period

| |
|----------|
| 27228.30 |
|----------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 74207.30 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 09 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2708

Amount of Each Disbursement this Period

| |
|----------|
| 14183.54 |
|----------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING COMPANIES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 20 | | 2015 |

Mailing Address SPECTRUM MARKETING COMPANIES95 ED
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING AND POSTAGE

Candidate Name

Category/
Type

Transaction ID : SB21B.I2709

Amount of Each Disbursement this Period

| |
|----------|
| 17142.91 |
|----------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. STAMPEDE CONSULTING, LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 23 | | 2015 |

Mailing Address P.O. BOX 91235

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Category/
Type

Transaction ID : SB21B.I2716

Amount of Each Disbursement this Period

| |
|-----------|
| 168000.00 |
|-----------|

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|-----------|
| 199326.45 |
|-----------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2751

Amount of Each Disbursement this Period

469.80

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2752

Amount of Each Disbursement this Period

469.80

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2753

Amount of Each Disbursement this Period

709.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1649.14

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I2754

Amount of Each Disbursement this Period

709.54

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2755

Amount of Each Disbursement this Period

829.41

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2756

Amount of Each Disbursement this Period

829.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2368.36

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2757

Amount of Each Disbursement this Period

949.28

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2758

Amount of Each Disbursement this Period

949.28

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2759

Amount of Each Disbursement this Period

1069.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2967.71

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

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 |
| 08 | | 14 | | 2015 |

Transaction ID : SB21B.I2760

Amount of Each Disbursement this Period

| |
|---------|
| 1189.02 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

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 |
| 11 | | 06 | | 2015 |

Transaction ID : SB21B.I2761

Amount of Each Disbursement this Period

| |
|---------|
| 1189.02 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

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 |
| 12 | | 31 | | 2015 |

Transaction ID : SB21B.I2762

Amount of Each Disbursement this Period

| |
|---------|
| 1189.02 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 3567.06 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2763

Amount of Each Disbursement this Period

1308.89

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2764

Amount of Each Disbursement this Period

1308.89

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I2765

Amount of Each Disbursement this Period

8560.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11178.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SB21B.I2766

Amount of Each Disbursement this Period

10383.66

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I2769

Amount of Each Disbursement this Period

230.99

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SB21B.I2770

Amount of Each Disbursement this Period

726.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11341.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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| <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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I2771

Amount of Each Disbursement this Period

1430.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2772

Amount of Each Disbursement this Period

5732.29

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.I2773

Amount of Each Disbursement this Period

6136.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

13298.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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| <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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2774

Amount of Each Disbursement this Period

6186.43

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I2775

Amount of Each Disbursement this Period

6270.78

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I2776

Amount of Each Disbursement this Period

6388.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

18845.52

**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 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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I2777

Amount of Each Disbursement this Period

6400.41

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.I2778

Amount of Each Disbursement this Period

6634.81

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I2779

Amount of Each Disbursement this Period

11974.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

25010.14

**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 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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I2781

Amount of Each Disbursement this Period

14357.16

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.I2782

Amount of Each Disbursement this Period

16454.91

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.I2783

Amount of Each Disbursement this Period

19087.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

49900.03

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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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2784

Amount of Each Disbursement this Period

19522.39

Memo Item

Full Name (Last, First, Middle Initial)

B. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I3926

Amount of Each Disbursement this Period

551.53

Memo Item

Full Name (Last, First, Middle Initial)

C. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB21B.I3928

Amount of Each Disbursement this Period

201.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

20275.80

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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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Full Name (Last, First, Middle Initial)

A. SURGE

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2015

Transaction ID : SB21B.I3943

Amount of Each Disbursement this Period

300.30

Memo Item

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2788

Amount of Each Disbursement this Period

4801.21

Memo Item

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I2789

Amount of Each Disbursement this Period

24750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

29851.51

**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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2790

Amount of Each Disbursement this Period

7727.53

Memo Item

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I2791

Amount of Each Disbursement this Period

43811.68

Memo Item

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DIGITAL CONSULTING & ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I2792

Amount of Each Disbursement this Period

111003.01

Memo Item

SEE 11/1/15 DEBIT ENTRY AND SCHEDULE E, LINE 24IE

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

162542.22

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.I2793

Amount of Each Disbursement this Period

9361.06

Memo Item

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I2794

Amount of Each Disbursement this Period

9361.06

Memo Item

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I2795

Amount of Each Disbursement this Period

32821.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

51543.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I7266

Amount of Each Disbursement this Period

-47698.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2015

Transaction ID : SB21B.I7267

Amount of Each Disbursement this Period

-25079.04

Memo Item

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I7268

Amount of Each Disbursement this Period

-77585.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-150362.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I7269

Amount of Each Disbursement this Period

-28884.24

Memo Item

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2015

Transaction ID : SB21B.I7270

Amount of Each Disbursement this Period

-16203.04

Memo Item

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement ADVERTISING - ONLINE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I7281

Amount of Each Disbursement this Period

28884.24

Memo Item

SEE 10/1/15 DEBIT ENTRY AND SCHEDULE E, LINE 24IE FOR INDEPENDENT EXPENDITURES

SUBTOTAL of Disbursements This Page (optional)..... ▶

-16203.04

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT FOR IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I782

Amount of Each Disbursement this Period

-3687.81

Memo Item
SEE SCH. E, LINE 24, 7/1-NEW HAMPSHIRE

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT FOR IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I783

Amount of Each Disbursement this Period

-4000.00

Memo Item
SEE SCH. E, LINE 24 - 7/1 - IOWA

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DEBIT FOR IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I786

Amount of Each Disbursement this Period

-499.82

Memo Item
SEE SCH. E, LINE 24 - 9/1 - VIRGINIA

SUBTOTAL of Disbursements This Page (optional)..... ▶

-8187.63

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TABLE TALK, LLC

Mailing Address 1623 DUKE ST

City ALEXANDRIA State VA Zip Code 22314-3406

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : **SB21B.137861**

Amount of Each Disbursement this Period

19650.00

Memo Item
ADVERTISING

Full Name (Last, First, Middle Initial)

B. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
STRATEGIC CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.I2796**

Amount of Each Disbursement this Period

9139.85

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement
STRATEGIC CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **SB21B.I2797**

Amount of Each Disbursement this Period

42788.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

71578.38

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:
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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CAMPAIGN CONSULTING & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.I2798

Amount of Each Disbursement this Period

3495.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB21B.I2799

Amount of Each Disbursement this Period

30603.34

Memo Item

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INC.

Mailing Address C/O STEPHEN DEMAURA125 CHANCERY R
STE 500

City LANGHORN State PA Zip Code 19047

Purpose of Disbursement STRATEGIC CAMPAIGN CONSULTING & EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB21B.I2800

Amount of Each Disbursement this Period

12316.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

46415.24

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY, LLC

Mailing Address 1033 N FAIRFAX ST STE 40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2802

Amount of Each Disbursement this Period

1177.56

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY, LLC

Mailing Address 1033 N FAIRFAX ST STE 40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2804

Amount of Each Disbursement this Period

2814.22

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY, LLC

Mailing Address 1033 N FAIRFAX ST STE 40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REVENUE SHARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I7253

Amount of Each Disbursement this Period

680.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4672.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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| <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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY, LLC

Mailing Address 1033 N FAIRFAX ST STE 40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I7254

Amount of Each Disbursement this Period

468.72

Memo Item

Full Name (Last, First, Middle Initial)

B. TCPRINTING

Mailing Address 1215 G ST

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.I2807

Amount of Each Disbursement this Period

1380.24

Memo Item

Full Name (Last, First, Middle Initial)

C. TELEPHONE TOWN HALL MEETING, INC.

Mailing Address 958 CONEFLOWER DR.

City GOLDEN State CO Zip Code 80401

Purpose of Disbursement TELEPHONE TOWN HALL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2808

Amount of Each Disbursement this Period

4174.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6023.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THE E. H. MURRAY GROUP, LLC

Mailing Address 1214 A INGLESIDE AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement FUNDRAISING 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
12 / 22 / 2015

Transaction ID : SB21B.I2813

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE MAIL HAUS

Mailing Address 1745 SUBURBAN DR

City DE PERE State WI Zip Code 54115

Purpose of Disbursement PRINTING

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
12 / 03 / 2015

Transaction ID : SB21B.I2814

Amount of Each Disbursement this Period

9181.62

Memo Item

Full Name (Last, First, Middle Initial)

C. THE NOVEMBER TEAM, LLC

Mailing Address P.O. BOX 99

City SOUTH SALEM State NY Zip Code 10590

Purpose of Disbursement FUNDRAISING CONSUTLING

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
08 / 27 / 2015

Transaction ID : SB21B.I2815

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

21681.62

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TRACE STRATEGIES, LLC

Mailing Address 411 S VICTORY202

City LITTLE ROCK State AR Zip Code 72201

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
10 / 08 / 2015

Transaction ID : SB21B.I2858

Amount of Each Disbursement this Period

7000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TRACE STRATEGIES, LLC

Mailing Address 411 S VICTORY202

City LITTLE ROCK State AR Zip Code 72201

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
12 / 01 / 2015

Transaction ID : SB21B.I2859

Amount of Each Disbursement this Period

28427.81

Memo Item

Full Name (Last, First, Middle Initial)

C. TRACE STRATEGIES, LLC

Mailing Address 411 S VICTORY202

City LITTLE ROCK State AR Zip Code 72201

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
11 / 03 / 2015

Transaction ID : SB21B.I2860

Amount of Each Disbursement this Period

29582.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

65009.81

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2864

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2865

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2866

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**

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.I2867

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I2868

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TVEYES INC.

Mailing Address TVEYES INC.2150 POST ROAD

City State Zip Code
FAIRFIELD CT 06824

Purpose of Disbursement
MEDIA MONITORING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I2869

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I2921

Amount of Each Disbursement this Period

251.60

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.I2922

Amount of Each Disbursement this Period

311.60

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I2923

Amount of Each Disbursement this Period

334.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

897.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB21B.I2924

Amount of Each Disbursement this Period

347.10

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I2925

Amount of Each Disbursement this Period

423.20

Memo Item

Full Name (Last, First, Middle Initial)

C. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I2927

Amount of Each Disbursement this Period

213.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

983.90

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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I2928

Amount of Each Disbursement this Period

452.20

Memo Item

Full Name (Last, First, Middle Initial)

B. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I2929

Amount of Each Disbursement this Period

496.20

Memo Item

Full Name (Last, First, Middle Initial)

C. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I2930

Amount of Each Disbursement this Period

496.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1444.60

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I2931

Amount of Each Disbursement this Period

535.20

Memo Item

Full Name (Last, First, Middle Initial)

B. USAIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I2932

Amount of Each Disbursement this Period

543.20

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB21B.I2933

Amount of Each Disbursement this Period

736.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1815.25

**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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VANDENBERG & ASSOCIATES INC.

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
FUNDRAISING CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I2934

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VANDENBERG & ASSOCIATES INC.

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
FUNDRAISING CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I2935

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VANDENBERG & ASSOCIATES INC.

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I2936

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:
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| | | | | | |
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VANDENBERG & ASSOCIATES INC.

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
CONSULTANT EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I2937

Amount of Each Disbursement this Period

2452.83

Memo Item

Full Name (Last, First, Middle Initial)

B. VOIP SUPPLY LLC

Mailing Address 80 PINEVIEW DRIVE

City AMHERST State NY Zip Code 14228

Purpose of Disbursement
PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I2941

Amount of Each Disbursement this Period

1533.97

Memo Item

Full Name (Last, First, Middle Initial)

C. VOIP SUPPLY LLC

Mailing Address 80 PINEVIEW DRIVE

City AMHERST State NY Zip Code 14228

Purpose of Disbursement
PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I2942

Amount of Each Disbursement this Period

3082.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7068.97

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VONAGE

Mailing Address 23 MAIN ST

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.I2944

Amount of Each Disbursement this Period

279.41

Memo Item

Full Name (Last, First, Middle Initial)

B. VONAGE

Mailing Address 23 MAIN ST

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2945

Amount of Each Disbursement this Period

481.10

Memo Item

Full Name (Last, First, Middle Initial)

C. VONAGE

Mailing Address 23 MAIN ST

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I2946

Amount of Each Disbursement this Period

920.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1681.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VONAGE

Mailing Address 23 MAIN ST

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2947

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VONAGE

Mailing Address 23 MAIN ST

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2948

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VOTER GRAVITY, INC.

Mailing Address 121 E MAIN ST

City PURCELLVILLE State VA Zip Code 20131

Purpose of Disbursement
TELEPHONE VOTER OUTREACH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I2949

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VOTER GRAVITY, INC.

Mailing Address 121 E MAIN ST

City PURCELLVILLE State VA Zip Code 20131

Purpose of Disbursement
TELEPHONE VOTER OUTREACH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I2950

Amount of Each Disbursement this Period

12000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VOTER GRAVITY, INC.

Mailing Address 121 E MAIN ST

City PURCELLVILLE State VA Zip Code 20131

Purpose of Disbursement
VOTER DATA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I2951

Amount of Each Disbursement this Period

20000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VOTER GRAVITY, INC.

Mailing Address 121 E MAIN ST

City PURCELLVILLE State VA Zip Code 20131

Purpose of Disbursement
VOTER FILE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.I2952

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

36000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WEALTHENGINE, INC.

Mailing Address P.O. BOX 674398

City State Zip Code
DETROIT MI 48267

Purpose of Disbursement
DATABASE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I2959

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WESTIN

Mailing Address 1 STARPOINT

City State Zip Code
STAMFORD CT 06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I2960

Amount of Each Disbursement this Period

462.50

Memo Item

Full Name (Last, First, Middle Initial)

C. WESTIN

Mailing Address 1 STARPOINT

City State Zip Code
STAMFORD CT 06902

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I2961

Amount of Each Disbursement this Period

477.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1940.22

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILAND

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2969

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILAND

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I2970

Amount of Each Disbursement this Period

3750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WILAND

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.I2971

Amount of Each Disbursement this Period

3750.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8250.01

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILAND

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I2972

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILAND

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.I7238

Amount of Each Disbursement this Period

2273.18

Memo Item

Full Name (Last, First, Middle Initial)

C. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2989

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4773.18

**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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.I2990

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.I2991

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.I2992

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2015

Transaction ID : SB21B.I2993

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. YCMM SOLA, LLC

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement SECURITY DEPOSIT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I2994

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ZENDESK

Mailing Address 989 MARKET ST STE 300

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB21B.I3015

Amount of Each Disbursement this Period

207.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2207.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ZENDESK

Mailing Address 989 MARKET ST STE 300

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3016

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ZENDESK

Mailing Address 989 MARKET ST STE 300

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3017

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ZENDESK

Mailing Address 989 MARKET ST STE 300

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I3018

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)

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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)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ZENDESK

Mailing Address 989 MARKET ST STE 300

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SB21B.I3019

Amount of Each Disbursement this Period

345.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

M M / D D / Y Y Y Y Y Y

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

345.00

5176309.95

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 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNLOCKING POTENTIAL PAC

Mailing Address 1390 CHAIN BRIDGE ROAD #515

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB23.I3116

Amount of Each Disbursement this Period

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|---|---|---|---|---|---|---|
| 5 | 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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Amount of Each Disbursement this Period

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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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | | | | |

Amount of Each Disbursement this Period

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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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| | | | | | |
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| <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 checked="" 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, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. SANDRA LOHRMANN | | Date of Disbursement MM / DD / YYYY 08 / 31 / 2015 |
| Mailing Address 2895 CAMBRIDGE RD | | Transaction ID : SB28A.I7273 |
| City CAMERON PARK | State CA | |
| Zip Code 95682 | Purpose of Disbursement CONTRIBUTION REFUND | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Transaction ID : |
| City | State | |
| Zip Code | Purpose of Disbursement | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Transaction ID : |
| City | State | |
| Zip Code | Purpose of Disbursement | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item NEYLAN & PARTNERS | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015 </div> |
| Mailing Address 9401 BROOKMAY CT | Amount <div style="border: 1px solid black; padding: 2px;"> 102500.00 </div> |
| City State Zip Code ALEXANDRIA VA 22309 | Transaction ID : SE24.1069 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - TELEVISION | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px;"> 1340.62 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1137 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1026340.62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
 Signature 12 / 04 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|---|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1138 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1139 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Date of Public Distribution/Dissemination: 11/18/2015
Amount: 1340.62
Transaction ID: SE24.1140
Date of Disbursement or Obligation: 11/18/2015
Name of Federal Candidate: CARLY FIORINA
Support: [X]
Office Sought: [X] President, State: AS
Disbursement For: [X] Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Date of Public Distribution/Dissemination: 11/18/2015
Amount: 1340.62
Transaction ID: SE24.1141
Date of Disbursement or Obligation: 11/18/2015
Name of Federal Candidate: CARLY FIORINA
Support: [X]
Office Sought: [X] President, State: AZ
Disbursement For: [X] Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 2681.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date: 11/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1144 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1145 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1148 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1149 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1150 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>HI</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1151 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1340.62 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1152 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> ID </u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1340.62 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1153 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> IL </u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2681.24 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2681.24 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1154 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1155 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> 2681.24 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1340.62 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1156 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u> KY </u> <input checked="" type="checkbox"/> President |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1340.62 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1157 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u> LA </u> <input checked="" type="checkbox"/> President |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2681.24 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1158 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1159 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|--------------------|---|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1160 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|--------------------|---|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1161 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1162 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|---------------|--|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1164 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|---------------|--|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1165 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date **11 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1166 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u> |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1168 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1174 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1175 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Disbursement For: Primary
Amount: 1340.62
Transaction ID: SE24.1176

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Disbursement For: Primary
Amount: 1340.62
Transaction ID: SE24.1177

(a) SUBTOTAL of Itemized Independent Expenditures: 2681.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date: 11/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | | | |
|--|---|----------|----------|--------|----|-------|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> | | | | | | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1340.62 </div> | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>OAKTON</td> <td>VA</td> <td>22124</td> </tr> </table> | City | State | Zip Code | OAKTON | VA | 22124 | Transaction ID : SE24.1178 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| City | State | Zip Code | | | | | |
| OAKTON | VA | 22124 | | | | | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> | | | | | | |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|--|---|----------|----------|--------|----|-------|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> | | | | | | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1340.62 </div> | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>OAKTON</td> <td>VA</td> <td>22124</td> </tr> </table> | City | State | Zip Code | OAKTON | VA | 22124 | Transaction ID : SE24.1179 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| City | State | Zip Code | | | | | |
| OAKTON | VA | 22124 | | | | | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> | | | | | | |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PR</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2681.24 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2681.24 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1180 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1181 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1182 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

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|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1183 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1184 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1185 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1186 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1187 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1188 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1340.62</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1189 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.24</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|--------------------|---|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1190 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|--------------------|---|-----------------------------------|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 1340.62 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1191 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2681.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date **11 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1340.62 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1192 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1193 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2840.62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1194 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1195 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 3000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 3000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1198 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NV</u> <input checked="" type="checkbox"/> President |
| | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1199 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 18 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>VT</u> <input checked="" type="checkbox"/> President |
| | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 1500.00
Transaction ID: SE24.1200
Date of Disbursement or Obligation: 11/18/2015
Disbursement For: Primary

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 1500.00
Transaction ID: SE24.1201
Date of Disbursement or Obligation: 11/18/2015
Disbursement For: Primary

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 3000.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 11/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 1500.00 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 5262.94 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1072 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1073 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1074 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AS</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1075 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Disbursement For: Primary
Amount: 3762.94
Transaction ID: SE24.1076

Full Name of Payee: RIGHT STRATEGIES, LLC
Mailing Address: 3176 SUMMIT SQUARE DR STE B-10
City: OAKTON, State: VA, Zip Code: 22124
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Disbursement For: Primary
Amount: 3762.94
Transaction ID: SE24.1077

(a) SUBTOTAL of Itemized Independent Expenditures: 7525.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date: 12/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1078 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1079 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date

12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1080 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1081 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON

[Electronically Filed]

Signature _____ Date 12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1082 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1083 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GU</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1084 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1085 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u> ID </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u> IL </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1088 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1089 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1090 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> KY </u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1091 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u> LA </u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1092 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1093 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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CHRIS MARSTON
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1094 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1095 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1096 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1097 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1098 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MP</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1099 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1100 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1101 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>ND</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NE</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

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|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1104 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

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|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1105 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 3762.94 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1106 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
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| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 3762.94 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1107 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 7525.88 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]
Date

Signature Date

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1108 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1109 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1110 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1112 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | Transaction ID : SE24.1113 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 3762.94 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1116 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 3762.94 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1117 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 7525.88 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1118 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3762.94</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1119 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">7525.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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 Signature

CHRIS MARSTON
 [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1120

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

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|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1121

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1122 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | | Amount 3762.94 | |
| City OAKTON | State VA | Zip Code 22124 | Transaction ID : SE24.1123 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7525.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 3762.94 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1126

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

| | |
|---|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 5000.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1127

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 8762.94 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1128 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1129 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 5000.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 5000.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: GA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 10000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 5000.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1132

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

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|--|--|
| Full Name of Payee RIGHT STRATEGIES, LLC <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount 5000.00 |
| City OAKTON State VA Zip Code 22124 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

Transaction ID : SE24.1133

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 10000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 04 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1134 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>AR</u> <input checked="" type="checkbox"/> President |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 12 / 04 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1135 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>MA</u> <input checked="" type="checkbox"/> President |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item RIGHT STRATEGIES, LLC | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 </div> |
| Mailing Address 3176 SUMMIT SQUARE DRSTE B-10 | Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 5000.00 </div> |
| City State Zip Code OAKTON VA 22124 | Transaction ID : SE24.1136 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SPECTRUM MARKETING COMPANIES | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 04 / 2015 </div> |
| Mailing Address SPECTRUM MARKETING COMPANIES95 ED STE 101 | Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 107473.14 </div> |
| City State Zip Code MANCHESTER NH 03102 | Transaction ID : SE24.1068 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 12 / 03 / 2015 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 0.00 </div> | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 112473.14 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y _____ </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.788 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.789 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1703.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date MM / DD / YYYY 07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | Amount <input type="text"/> |
| City BEVERLY | State MA |
| Zip Code 01915 | Transaction ID : SE24.790 |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought | District: _____ State: <u>AR</u> |
| <input type="text"/> 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| | 2016 |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | Amount <input type="text"/> |
| City BEVERLY | State MA |
| Zip Code 01915 | Transaction ID : SE24.791 |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought | District: _____ State: <u>AS</u> |
| <input type="text"/> 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| | 2016 |

| | |
|--|------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.792 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AZ</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.793 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>CA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON
Signature

Date M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.794 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.795 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.796 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.797 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1703.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.798 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.799 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date **07 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 851.75 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.800 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 851.75 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.801 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date MM / DD / YYYY **07 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.802 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.803 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON

Signature _____ Date MM / DD / YYYY 07 / 01 / 2015

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.804 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.805 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date **07 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought: 0.00
Date of Public Distribution/Dissemination: 07/01/2015
Amount: 851.75
Transaction ID: SE24.806
Date of Disbursement or Obligation: 07/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought: 0.00
Date of Public Distribution/Dissemination: 07/01/2015
Amount: 851.75
Transaction ID: SE24.807
Date of Disbursement or Obligation: 07/01/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 1703.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date: 07/01/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 851.75 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.808 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 851.75 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.809 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: center;"> 1703.50 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.810 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.811 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1703.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.812 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.813 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

_____ *CHRIS MARSTON* [Electronically Filed] Date MM / DD / YYYY
 Signature 07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
07 / 01 / 2015
Amount
851.75
Transaction ID : SE24.814
Date of Disbursement or Obligation
07 / 01 / 2015
Office Sought:
House District:
Senate State: MO
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
07 / 01 / 2015
Amount
851.75
Transaction ID : SE24.815
Date of Disbursement or Obligation
07 / 01 / 2015
Office Sought:
House District:
Senate State: MP
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1703.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
07 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.816 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.817 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
07 / 01 / 2015
Amount
851.75
Transaction ID : SE24.818
Date of Disbursement or Obligation
07 / 01 / 2015
House
Senate
NC
General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
07 / 01 / 2015
Amount
851.75
Transaction ID : SE24.819
Date of Disbursement or Obligation
07 / 01 / 2015
House
Senate
ND
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1703.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
07 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.820 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.821 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1703.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 07 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 07/01/2015
Amount 851.75
Transaction ID: SE24.822
Date of Disbursement or Obligation 07/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 07/01/2015
Amount 851.75
Transaction ID: SE24.823
Date of Disbursement or Obligation 07/01/2015
Office Sought: President
Disbursement For: Primary

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 1703.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 07/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.824 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">851.75</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.825 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1703.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date MM / DD / YYYY 07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
|--|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | | |
|---|---------------------------------------|--|---|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | | | Amount <input type="text"/> |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.826 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <input type="text"/> | | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |
| | | <input type="text"/> 0.00 | |

| | | | |
|---|---------------------------------------|--|---|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | | | Amount <input type="text"/> |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.827 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <input type="text"/> | | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |
| | | <input type="text"/> 0.00 | |

| | |
|---|------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <input type="text"/> 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures..... ▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 07/01/2015
Amount 851.75
Transaction ID : SE24.828
Date of Disbursement or Obligation 07/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 07/01/2015
Amount 851.75
Transaction ID : SE24.829
Date of Disbursement or Obligation 07/01/2015
Office Sought: President
Disbursement For: Primary

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 1703.50. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 07/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 851.75
Transaction ID: SE24.830
Date of Disbursement or Obligation: 07/01/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 851.75
Transaction ID: SE24.831
Date of Disbursement or Obligation: 07/01/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 1703.50. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 07/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 851.75 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.832 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 851.75 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.833 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1703.50 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1703.50 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON *[Electronically Filed]* Date 07 / 01 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.834 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TN </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.835 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> TX </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.836 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.837 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|---|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | |
|--|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.838 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.839 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature [Electronically Filed] Date MM / DD / YYYY
07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.840

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 851.75 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.841

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.842 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 851.75 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.843 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1703.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date **07 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2015 |
| Mailing Address 83 CABOT ST | Amount 3687.81 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.784 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - DIGITAL | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2015 |
| Mailing Address 83 CABOT ST | Amount 4000.00 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.785 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - DIGITAL | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2106 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7687.81 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.844 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.845 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 08/01/2015
Amount 447.84
Transaction ID : SE24.846
Date of Disbursement or Obligation 08/01/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 08/01/2015
Amount 447.84
Transaction ID : SE24.847
Date of Disbursement or Obligation 08/01/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 895.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 08/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.848 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.849 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.850 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.851 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.852 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.853 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 447.84 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.854 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 447.84 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.855 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 895.68 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.856 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GU</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.857 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date MM / DD / YYYY
08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 447.84 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.858 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 447.84 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.859 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

CHRIS MARSTON
 [Electronically Filed]

Date MM / DD / YYYY
 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.860 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.861 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.862 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.863 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | |
|--|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.864 Date of Disbursement or Obligation 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Name of Federal Candidate CARLY FIORINA | |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.865 Date of Disbursement or Obligation 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Name of Federal Candidate CARLY FIORINA | |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.866 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.867 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON *[Electronically Filed]* Date 08 / 01 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.868 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--------------------|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.869 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date **08 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY, State: MA, Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 447.84
Transaction ID: SE24.870
Date of Disbursement or Obligation: 08/01/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY, State: MA, Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 447.84
Transaction ID: SE24.871
Date of Disbursement or Obligation: 08/01/2015
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 0.00

(a) SUBTOTAL of Itemized Independent Expenditures: 895.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date: 08/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 447.84 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.872 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 447.84 |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.873 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature *CHRIS MARSTON* [Electronically Filed] Date MM / DD / YYYY
 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 447.84 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.874 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 447.84 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.875 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 895.68 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

| | | | | | | | |
|--|---|----------|----------|---------|----|-------|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 01 / 2015 </div> | | | | | | |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 447.84 </div> | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>BEVERLY</td> <td>MA</td> <td>01915</td> </tr> </table> | City | State | Zip Code | BEVERLY | MA | 01915 | Transaction ID : SE24.876 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| City | State | Zip Code | | | | | |
| BEVERLY | MA | 01915 | | | | | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | | | | | | |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NE | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|--|---|----------|----------|---------|----|-------|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 01 / 2015 </div> | | | | | | |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 447.84 </div> | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>BEVERLY</td> <td>MA</td> <td>01915</td> </tr> </table> | City | State | Zip Code | BEVERLY | MA | 01915 | Transaction ID : SE24.877 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| City | State | Zip Code | | | | | |
| BEVERLY | MA | 01915 | | | | | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | | | | | | |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 895.68 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 895.68 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

 Signature

[Electronically Filed]

Date
MM / DD / YYYY
 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.878 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.879 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.882 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.883 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.884 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.885 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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CHRIS MARSTON [Electronically Filed]

Signature _____ Date 08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.886 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PR</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.887 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.888 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.889 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date MM / DD / YYYY 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|---|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount <input type="text" value="447.84"/> Transaction ID : SE24.890 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>TN</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0.00"/> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount <input type="text" value="447.84"/> Transaction ID : SE24.891 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> 08 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="0.00"/> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|-------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <input type="text" value="895.68"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures..... ▶ | <input type="text"/> |

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CHRIS MARSTON [Electronically Filed] Date / /
08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.892 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.84</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.893 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 08 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">895.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 08 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.894 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.895 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.896 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 447.84 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.897 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 895.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
08 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 08 / 01 / 2015
Amount 447.84
Transaction ID : SE24.898
Date of Disbursement or Obligation 08 / 01 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 08 / 01 / 2015
Amount 447.84
Transaction ID : SE24.899
Date of Disbursement or Obligation 08 / 01 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 895.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 08 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.900 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.901 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2770.90 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.902 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.903 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2770.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 09 / 01 / 2015
Amount 1385.45
Transaction ID : SE24.904
Date of Disbursement or Obligation 09 / 01 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 09 / 01 / 2015
Amount 1385.45
Transaction ID : SE24.905
Date of Disbursement or Obligation 09 / 01 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2770.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 09 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 1385.45 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.906 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 1385.45 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.907 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature CHRIS MARSTON [Electronically Filed] Date MM / DD / YYYY **09 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | | Amount 1385.45 |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.908 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | | Amount 1385.45 |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.909 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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CHRIS MARSTON
Signature [Electronically Filed] Date **09 / 01 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|-------------------|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 01 / 2015 </div> | |
| Mailing Address 83 CABOT ST | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1385.45</div> | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.910 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/ Type | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 01 / 2015 </div> | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|--|-------------------|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 01 / 2015 </div> | |
| Mailing Address 83 CABOT ST | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1385.45</div> | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.911 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/ Type | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 01 / 2015 </div> | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2770.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date

Signature

MM / DD / YYYY
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

FEC IDENTIFICATION NUMBER
C C00573154

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Memo Item
SWIFTKURRENT

Mailing Address **83 CABOT ST**

City **BEVERLY** State **MA** Zip Code **01915**

Purpose of Expenditure **ADVERTISING - ONLINE** Category/Type

Name of Federal Candidate **CARLY FIORINA** Support Oppose

Office Sought: House District: _____
 President Senate State: **GU**

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date of Public Distribution/Dissemination / / **09 / 01 / 2015**

Amount **1385.45**

Transaction ID : **SE24.912**

Date of Disbursement or Obligation / / **09 / 01 / 2015**

Disbursement For: Primary General 2016 Other (specify) ▶ _____

Full Name of Payee Memo Item
SWIFTKURRENT

Mailing Address **83 CABOT ST**

City **BEVERLY** State **MA** Zip Code **01915**

Purpose of Expenditure **ADVERTISING - ONLINE** Category/Type

Name of Federal Candidate **CARLY FIORINA** Support Oppose

Office Sought: House District: _____
 President Senate State: **HI**

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date of Public Distribution/Dissemination / / **09 / 01 / 2015**

Amount **1385.45**

Transaction ID : **SE24.913**

Date of Disbursement or Obligation / / **09 / 01 / 2015**

Disbursement For: Primary General 2016 Other (specify) ▶ _____

| | |
|--|-------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date / / **09 / 01 / 2015**
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.914 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.915 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2770.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.916 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IL</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.917 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.918 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.919 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | | | | | |
|---|--|-------------|--|-------------------|--|---|--|--|
| Full Name of Payee SWIFTKURRENT | | | <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | | |
| Mailing Address 83 CABOT ST | | | | | | Amount 1385.45 | | |
| City BEVERLY | | State MA | | Zip Code 01915 | | Transaction ID : SE24.920 | | |
| Purpose of Expenditure ADVERTISING - ONLINE | | | Category/Type | | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | | |
| Name of Federal Candidate CARLY FIORINA | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 0.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | | | | | |
|---|--|-------------|--|-------------------|--|---|--|--|
| Full Name of Payee SWIFTKURRENT | | | <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | | |
| Mailing Address 83 CABOT ST | | | | | | Amount 1385.45 | | |
| City BEVERLY | | State MA | | Zip Code 01915 | | Transaction ID : SE24.921 | | |
| Purpose of Expenditure ADVERTISING - ONLINE | | | Category/Type | | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | | |
| Name of Federal Candidate CARLY FIORINA | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 0.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-----------------|---|----------------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.922 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-----------------|---|----------------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.923 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MP</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.928 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.929 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 2770.90 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | | |
|--|-------------|--|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.930 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | | |
|--|-------------|--|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | | Amount 1385.45 | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.931 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ Date MM / DD / YYYY
09 / 01 / 2015

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.932 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.933 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2770.90 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.934 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NJ |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.935 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NM |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.936 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.937 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2770.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 1385.45
Transaction ID: SE24.938
Date of Disbursement or Obligation: 09/01/2015
Disbursement For: Primary

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Office Sought: President
Amount: 1385.45
Transaction ID: SE24.939
Date of Disbursement or Obligation: 09/01/2015
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 2770.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date: 09/01/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought: 0.00
Date of Public Distribution/Dissemination: 09/01/2015
Amount: 1385.45
Transaction ID: SE24.940
Date of Disbursement or Obligation: 09/01/2015
Support: [X] Office Sought: [X] President State: OR
Disbursement For: [X] Primary 2016

Full Name of Payee: SWIFTKURRENT
Mailing Address: 83 CABOT ST
City: BEVERLY State: MA Zip Code: 01915
Purpose of Expenditure: ADVERTISING - ONLINE
Name of Federal Candidate: CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought: 0.00
Date of Public Distribution/Dissemination: 09/01/2015
Amount: 1385.45
Transaction ID: SE24.941
Date of Disbursement or Obligation: 09/01/2015
Support: [X] Office Sought: [X] President State: PA
Disbursement For: [X] Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 2770.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date 09/01/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.942 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.943 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>SC</u> <input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.944

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>SD</u> <input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.945

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.946 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.947 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2770.90 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.948 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT |
| Calendar Year-To-Date Per Election for Office Sought M M M M / D D / Y Y Y Y Y Y 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 1385.45 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.949 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought M M M M / D D / Y Y Y Y Y Y 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | M M M M / D D / Y Y Y Y Y Y 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | M M M M / D D / Y Y Y Y Y Y _____ |
| (c) TOTAL Independent Expenditures..... ▶ | M M M M / D D / Y Y Y Y Y Y _____ |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

_____ *CHRIS MARSTON* [Electronically Filed] Date M M M M / D D / Y Y Y Y Y Y 09 / 01 / 2015
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.950 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1385.45</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.951 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2770.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 09 / 01 / 2015
Amount 1385.45
Transaction ID : SE24.952
Date of Disbursement or Obligation 09 / 01 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 09 / 01 / 2015
Amount 1385.45
Transaction ID : SE24.953
Date of Disbursement or Obligation 09 / 01 / 2015
Office Sought: President
Disbursement For: Primary

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 2770.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date 09 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WV</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.954

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 1385.45 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.955

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2770.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 999.99 499.82 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.787 |
| Purpose of Expenditure ADVERTISING - DIGITAL | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> |
| Calendar Year-To-Date Per Election for Office Sought 999.99 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2106 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 999.99 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.956 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought 999.99 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 999.99 1015.61 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | 999.99 |
| (c) TOTAL Independent Expenditures..... ▶ | 999.99 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
State: AL
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
10 / 01 / 2015
Amount
515.79
Transaction ID : SE24.957
Date of Disbursement or Obligation
10 / 01 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
State: AR
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
10 / 01 / 2015
Amount
515.79
Transaction ID : SE24.958
Date of Disbursement or Obligation
10 / 01 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1031.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
10 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.959 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.960 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.961 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.962 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER C C00573154 |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | | | | |
|---|-------------|--|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 83 CABOT ST | | | | Amount <input type="text"/> | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.963 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type <input type="text"/> | | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT | |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | | |
|---|-------------|--|--|---|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 83 CABOT ST | | | | Amount <input type="text"/> | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.964 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type <input type="text"/> | | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC | |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.965 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|---|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.966 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.967 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.968 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-----------------|---|----------------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.969 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-----------------|---|----------------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.970 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.971 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> ID </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.972 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> IL </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 515.79 </div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.973 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 515.79 </div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.974 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 1031.58 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

CHRIS MARSTON
 [Electronically Filed]

Date

M M M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.975 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.976 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 515.79 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.977 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 515.79 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.978 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 1031.58 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 1031.58 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.979 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.980 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON *[Electronically Filed]* Date 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.981 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.982 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> 515.79 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.983 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px;"> 515.79 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.984 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> 1031.58 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.985

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.986

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.987 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.988 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.989 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.990 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
10 / 01 / 2015
Amount
515.79
Transaction ID : SE24.991
Date of Disbursement or Obligation
10 / 01 / 2015
District:
State: NM

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
10 / 01 / 2015
Amount
515.79
Transaction ID : SE24.992
Date of Disbursement or Obligation
10 / 01 / 2015
District:
State: NV

(a) SUBTOTAL of Itemized Independent Expenditures 1031.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date 10 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.993 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.994 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.995 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.996 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.997 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.998 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

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|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.999 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1000 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT | "> <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | | Amount <input type="text"/> |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <input type="text"/> | Transaction ID : SE24.1001 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT | "> <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | | Amount <input type="text"/> |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <input type="text"/> | Transaction ID : SE24.1002 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|-------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1003 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 515.79 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1004 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1005 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1006 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1007 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1008 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1031.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1009 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">515.79</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1010 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">1031.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 515.79 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1011 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>WY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1012 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 805.13 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> 289.34 </div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1013 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> 289.34 </div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1014 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> 0.00 </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> 578.68 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

[Electronically Filed]

Date
M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1015 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1016 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ CARLY FIORINA <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1017 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1018 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | |
|--|--------------------|---|-----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1019 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--------------------|---|-----------------------------------|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1020 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.1021 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee SWIFTKURRENT | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | | Transaction ID : SE24.1022 | |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1023 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1024 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GU</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1025 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1026 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1027
Date of Disbursement or Obligation
11 / 01 / 2015
House District:
Senate State: ID
General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1028
Date of Disbursement or Obligation
11 / 01 / 2015
House District:
Senate State: IL
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 578.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.1029

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.1030

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1031 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1032 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> LA </u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1035 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1036 |
| Purpose of Expenditure ADVERTISING - ONLINE | | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER C C00573154 |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | Amount <input type="text"/> |
| City BEVERLY | State MA |
| Zip Code 01915 | Transaction ID : SE24.1039 |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | Amount <input type="text"/> |
| City BEVERLY | State MA |
| Zip Code 01915 | Transaction ID : SE24.1040 |
| Purpose of Expenditure ADVERTISING - ONLINE | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <input type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures..... ▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1041 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1042 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 11 / 01 / 2015
Amount 289.34
Transaction ID : SE24.1043
Date of Disbursement or Obligation 11 / 01 / 2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee SWIFTKURRENT
Mailing Address 83 CABOT ST
City BEVERLY State MA Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE
Name of Federal Candidate CARLY FIORINA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 11 / 01 / 2015
Amount 289.34
Transaction ID : SE24.1044
Date of Disbursement or Obligation 11 / 01 / 2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 578.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date 11 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Name of Federal Candidate
CARLY FIORINA
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1045
Date of Disbursement or Obligation
11 / 01 / 2015
Office Sought:
House District:
Senate State: NH
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Name of Federal Candidate
CARLY FIORINA
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1046
Date of Disbursement or Obligation
11 / 01 / 2015
Office Sought:
House District:
Senate State: NJ
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 578.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
11 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 289.34 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.1047 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation 11 / 01 / 2015 |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | | Amount 289.34 |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Transaction ID : SE24.1048 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation 11 / 01 / 2015 |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1049 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1050 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1051 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1052 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 289.34 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1053 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 289.34 </div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1054 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 578.68 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1055 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1056 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

CHRIS MARSTON [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1057 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Mailing Address 83 CABOT ST | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.34</div> |
| City BEVERLY State MA Zip Code 01915 | Transaction ID : SE24.1058 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 </div> |
| Purpose of Expenditure ADVERTISING - ONLINE Category/Type | Name of Federal Candidate CARLY FIORINA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">578.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | |
|--|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1059 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Mailing Address 83 CABOT ST | | Amount 289.34 | |
| City BEVERLY | State MA | Zip Code 01915 | Transaction ID : SE24.1060 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 | |
| Name of Federal Candidate CARLY FIORINA | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00573154
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
State: VA
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1061
Date of Disbursement or Obligation
11 / 01 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
SWIFTKURRENT
Mailing Address
83 CABOT ST
City
BEVERLY State
MA Zip Code
01915
Purpose of Expenditure
ADVERTISING - ONLINE
Category/Type
Name of Federal Candidate
CARLY FIORINA
Support
Office Sought:
President
State: VI
Calendar Year-To-Date
Per Election for Office Sought
0.00

Date of Public Distribution/Dissemination
11 / 01 / 2015
Amount
289.34
Transaction ID : SE24.1062
Date of Disbursement or Obligation
11 / 01 / 2015
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 578.68. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
[Electronically Filed]
Date
11 / 01 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ C C00573154 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>VT</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.1063

| | |
|--|--|
| Full Name of Payee SWIFTKURRENT <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : SE24.1064

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1065 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item SWIFTKURRENT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 83 CABOT ST | Amount 289.34 |
| City State Zip Code BEVERLY MA 01915 | Transaction ID : SE24.1066 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARLY FIORINA | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 578.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA | | FEC IDENTIFICATION NUMBER C C00573154 |
|--|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | |
|--|--|---|
| Full Name of Payee SWIFTKURRENT | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 83 CABOT ST | | Amount <input type="text"/> |
| City BEVERLY | State MA | Zip Code 01915 |
| Purpose of Expenditure ADVERTISING - ONLINE | Category/Type <input type="text"/> | Transaction ID : SE24.1067 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | 0.00 | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|--|---|
| Full Name of Payee WBIN | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 11 A DERRY ST | | Amount <input type="text"/> |
| City DERRY | State NH | Zip Code 03038 |
| Purpose of Expenditure ADVERTISING - TELEVISION | Category/Type <input type="text"/> | Transaction ID : SE24.1070 |
| Name of Federal Candidate CARLY FIORINA | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | 0.00 | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|----------------------|-------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> | 7289.34 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> | |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> | 1693909.65 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed]

Date / /