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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For	Other Than An	Authorized	_		Office Use Only
NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼		imple: If typing, type r the lines.	12FE4M5	
Keep Conservatives Unite	ed	1 1 1 1 1			
ADDRESS (number and street)	PO Box 97341				
Check if different than previously reported. (ACC)	Raleigh			NC NC	27624
2. FEC IDENTIFICATION NUME	BER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00499525		3. IS THIS REPORT	× (N) (OR AN	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 ((M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (l	M6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (N	(17) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2)	(c) 12-Day	on	Primary (12P)	General	(12G) Runoff (12R)
October 15	Report for		Convention (12C)	Special ((12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M = M / D = D	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elector		General (30G)	Runoff (3	Special (30S)
Termination Report (TER)		Election on	M = M / D = D	/ Y = Y = Y = Y	in the State of
5. Covering Period 04		2016	through 0	6 30 /	2016
I certify that I have examined this F	Report and to the b	est of my kno	wledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasurer	Bob Harris				
Signature of Treasurer Bob Harr	is		[Electronically Filed]	Date 07	01 / 2016
NOTE: Submission of false, erroneous	s, or incomplete info	rmation may su	ubject the person signi	ing this Report to the	he penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Keep Conservatives United 04 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 20473.10 January 1, 2016 (b) Cash on Hand at 20782.38 Beginning of Reporting Period..... 0.00 12000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 32473.10 20782.38 6(a) and 6(c) for Column B)..... 0.00 11690.72 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 20782.38 20782.38 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 90500.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Keen	Conser	vatives	United
rveep	COLISCI	valives	United

Report Covering the Period: From: 04 01 2016 To: 06 30 2016						
I. Receipts	COLUMN A	COLUMN B				
<u> </u>	Total This Period	Calendar Year-to-Date				
. Contributions (other than loans) From:						
(a) Individuals/Persons Other Than Political Committees						
(i) Itemized (use Schedule A)	0.00	12000.00				
(i) iternized (use Schedule A)	7 7					
(ii) Unitemized	0.00	0.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	0.00	12000.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)▶	0.00	12000.00				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00	0.00				
B. All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures	,	, ,				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
3. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
(IIOIII Scriedule IIS)	0.00	0.00				
	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(a) Total Transfers (add 40/a) and 40/b)	2.00	222				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
Total Descints (add Lines 11/4)						
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	12000.00				
12, 10, 17, 10, 10, 17, and 10(0))	0.00	12000.00				
). Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	0.00	12000.00				
() () () () () () () () () ()	7 7 7					

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
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Culonium Tour to Date
	(i) Federal Share	0.00	0.00
	(ii) Non Endoral Sharo	0.00	0.00
(b	(ii) Non-Federal Share) Other Federal Operating	0.00	
(-	Expenditures	0.00	1690.72
(c	,	0.00	1000 73
)2 Tr	(add 21(a)(i), (a)(ii), and (b))▶ ansfers to Affiliated/Other Party	0.00	1690.72
	ommittees	0.00	0.00
Fe	ontributions to ederal Candidates/Committees		0.00
ar	nd Other Political Committees	0.00	0.00
	dependent Expenditures se Schedule E)	0.00	0.00
25. Co	pordinated Party Expenditures U.S.C. §441a(d))		
(u	se Schedule F)	0.00	0.00
)6 I	pan Repayments Made	0.00	4000.00
.O. LC	an nepayments wade		
27. Lo	pans Madeefunds of Contributions To:	0.00	0.00
. ne) Individuals/Persons Other	0.00	6000.00
	Than Political Committees	0.00	000.00
(b) Political Party Committees	0.00	0.00
(c	•	0.00	0.00
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	6000.00
	they Dichura monte	0.00	0.00
29. O	ther Disbursements	0.00	0.00
0. Fe	ederal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ly reasonal Griare		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c		0.00	3.00
, -	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Atal Diahamananta (All III and All Andrews		
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	11600 70
20	,, -0, -0, -1, -0(d), -0 and 00(0))	0.00	11690.72
2. To	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	0.00	11690.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 6 OF 11
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4104
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris	☐ Memo Item
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
City Raleigh State NC ZIP	Code 27609
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
3000.00	500.00 2500.00
TERMS Date Incurred Date D	ue Interest Rate Secured:
	ŎN ĎEMÁNĎ 0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

LOANS

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

OF 11 PAGE 7 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) Keep Conservatives United		Transaction ID : SC/10.4189
LOAN SOURCE Full Name (Last, I Bob Harris	First, Middle Initial)	Memo Item Election:
Mailing Address 3806 Lassiter Mill Ro		General Other (specify) ▼
City Raleigh	State NC ZII	P Code ₂₇₆₀₉
Original Amount of Loan	Cumulative Payme	nt To Date Balance Outstanding at Close of This Perio
14000.	00	0.00 14000.00
TERMS Date Incurred	Date	Due Interest Rate Secured:
03 17 2012		ON DEMAND 0.00 (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source	
1. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (control of the Coral of t	line only)	

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 8 OF 11

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) Keep Conservatives United LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris Mailing Address 3806 Lassiter Mill Rd City Raleigh State NC ZIP Code Original Amount of Loan Cumulative Payment To D 15000.00 TERMS Date Incurred Date Due	
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris Mailing Address 3806 Lassiter Mill Rd City Raleigh State NC ZIP Code Original Amount of Loan Cumulative Payment To Description of the Computation of Loan Date Due	Primary General Other (specify) Balance Outstanding at Close of This Period 0.00 Interest Rate Secured:
Bob Harris Mailing Address 3806 Lassiter Mill Rd City Raleigh State NC ZIP Code Original Amount of Loan Cumulative Payment To D 15000.00 Date Incurred Date Due	Primary General Other (specify) Balance Outstanding at Close of This Period 0.00 Interest Rate Secured:
City Raleigh State NC ZIP Code Original Amount of Loan Cumulative Payment To D 15000.00 TERMS Date Incurred Date Due	Other (specify) Page 27609 Date Balance Outstanding at Close of This Period 15000.00 Interest Rate Secured:
Original Amount of Loan Cumulative Payment To D 15000.00 TERMS Date Incurred Date Due	Date Balance Outstanding at Close of This Period 0.00 15000.00 Interest Rate Secured:
TERMS Date Incurred Date Due	0.00 15000.00 Interest Rate Secured:
TERMS Date Incurred Date Due	Interest Rate Secured:
Date Incurred Date Due	DEMAND 0.00
	DEMAND 0.00
M 04 / 21 / Y 2014 M M / D D / ON [
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	

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

PAGE 9 OF 11
FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4352
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris	Memo Item Election:
555.14.115	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
	code 27609
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
32000.00	0.00 32000.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M M / D D / Y Y Y Y Y M M / D D / Y	ON ĎEMÁNĎ 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
<u> </u>	
SUBTOTALS This Period This Page (optional)	32000.00
OTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	If no Schedule D, carry forward to appropriate line of Summary.

Use separate for each cate

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 OF 11

FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (In Full)		Trai	 nsaction ID : SC/10.4377
eep Conservatives United		IIa	15aCtion ID : 5C/10.43/1
cop conservatives critted			
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	Memo Item	Election:
Bob Harris		_	Primary
			General
Mailing Address 3806 Lassiter Mill Rd			Other (specify) ▼
City Raleigh		ode 27609	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
15000.00		0.00	15000.00
TERMS Date Incurred	Date Due	Interest Dat	Conumada
07 02 7 2014	ÖN	N DEMAND 0.0	0
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
Oily State	ZIF Code	Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Amount Guaranteed	
,	2000	Outstanding:	7
JBTOTALS This Period This Page (optional)			15000.00
OTALS This Period (last page in this line on	iy)		
arry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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

parate schedule(s)
h category of the
d Summary Page

PAGE 11 OF 11

FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name Bob Harris	(Last, First, Mid	ddle Initial)	Me	emo Item	Election: Primary General	
Mailing Address 3806 Lassite	er Mill Rd				Other (specify	') ▼
City Raleigh		State NC	ZIP Code ₂₇₆₀₉			
Original Amount of Loan		Cumulative Payr	ment To Date	Balar	nce Outstanding at	Close of This Peri
7	12000.00	-	0.00	. I		12000.00
TERMS Date Incurred	1	Da	ite Due	Interest Rate		Secured:
08 / 13 / Y	2014	M = M / D = D	ON DEMAND	0.00	% (apr)	Yes X
ist All Endorsers or Guara		o Loan Source				
I. Full Name (Last, First, N	fiddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		7 7	
2. Full Name (Last, First, M	ddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		,	
B. Full Name (Last, First, M	iddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		7	1 /8 1
. Full Name (Last, First, M	ddle Initial)		Name of Emp	oloyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		7	
BTOTALS This Period This	Page (optional)			<u> </u>		12000.00
						90500.00