

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 MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806 ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER C C00524454 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY) [X] 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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

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

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date 07 / 29 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

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="2019"/>	<input type="text" value="25306.25"/>	<input type="text" value="25306.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25306.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="113387.65"/>	<input type="text" value="113387.65"/>
(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="138693.90"/>	<input type="text" value="138693.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="110046.76"/>	<input type="text" value="110046.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28647.14"/>	<input type="text" value="28647.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="30444.88"/>	

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 MAJORITY FUND**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

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).....	20620.00	20620.00
(ii) Unitemized .....	92384.22	92384.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	113004.22	113004.22
(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) .....	113004.22	113004.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	383.43	383.43
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)).....▶	113387.65	113387.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	113387.65	113387.65

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	39846.34	39846.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39846.34	39846.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	70200.42	70200.42
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	110046.76	110046.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110046.76	110046.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	113004.22	113004.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113004.22	113004.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39846.34	39846.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39846.34	39846.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
	<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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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 MAJORITY FUND**

**A. ALLYN 986, JAMES F, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 W MCKINLEY ST  
 City GOLDENDALE State WA Zip Code 98620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A&A BUILDING SUPPLY CO Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 15 / 2019  
**Transaction ID : SA11AI.6442**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ARCHER 774, LYNNE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SAINT PETERS WALK  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2019  
**Transaction ID : SA11AI.6108**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. ARCHER 774, LYNNE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SAINT PETERS WALK  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 01 / 2019  
**Transaction ID : SA11AI.6090**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. ARCHER 774, LYNNE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN		Occupation (for Individual) AUTO DEALER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2019  
**Transaction ID : SA11AI.6144**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. ARCHER 774, LYNNE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN		Occupation (for Individual) AUTO DEALER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2019  
**Transaction ID : SA11AI.6035**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. ARMSTRONG 748, ARTHUR D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18401 SE 149TH ST

City NEWALLA	State OK	Zip Code 74857
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2019  
**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
 55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1055.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. BAKER 577, DAN W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 STUMER RD  
 City RAPID CITY State SD Zip Code 57701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 11 / 2019**  
**Transaction ID : SA11AI.5949**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BEASON 773, JOHN W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 BRAZOS DR APT 159  
 City HUNTSVILLE State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 14 / 2019**  
**Transaction ID : SA11AI.6362**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. BEASON 773, JOHN W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 BRAZOS DR APT 159  
 City HUNTSVILLE State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 14 / 2019**  
**Transaction ID : SA11AI.6404**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. BERRY 112, YVONNE R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

City BROOKLYN State NY Zip Code 11207

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2019

**Transaction ID : SA11AI.5137**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. BERRY 112, YVONNE R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

City BROOKLYN State NY Zip Code 11207

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2019

**Transaction ID : SA11AI.5118**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. BERRY 112, YVONNE R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

City BROOKLYN State NY Zip Code 11207

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2019

**Transaction ID : SA11AI.5115**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. BLALOCK 797, MARITHA, , Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3717 STATE HIGHWAY 137

City STANTON	State TX	Zip Code 79782
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BLALOCK RANCH	Occupation (for Individual) RANCHER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2019

**Transaction ID : SA11AI.6293**

Amount of Each Receipt this Period  
3000.00

Memo Item

**B. BROWNING 028, ROBERT S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 GREENWICH AVE APT C212

City WARWICK	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DISCHARGED FROM ARMY	Occupation (for Individual) DISABLED VET
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2019

**Transaction ID : SA11AI.7587**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. BROWNING 028, ROBERT S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 GREENWICH AVE APT C212

City WARWICK	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DISCHARGED FROM ARMY	Occupation (for Individual) DISABLED VET
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2019

**Transaction ID : SA11AI.7586**

Amount of Each Receipt this Period  
505.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4005.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. BUCCELLA 021, ANTONETTA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1124 BENNINGTON ST

City BOSTON	State MA	Zip Code 02128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2019

**Transaction ID : SA11AI.5839**

Amount of Each Receipt this Period  
105.00

Memo Item

**B. CAMPBELL 161, SCOTT T, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 607

City W MIDDLESEX	State PA	Zip Code 16159
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEMI RETIRED	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2019

**Transaction ID : SA11AI.4711**

Amount of Each Receipt this Period  
405.00

Memo Item

**C. CARDENAS 785, MARY ROSE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 CALLE ANACUA

City BROWNSVILLE	State TX	Zip Code 78520
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CARDENAS DEVELOPMENT COMPANY	Occupation (for Individual) DEVELOPER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

**Transaction ID : SA11AI.6273**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. CARRIKER 198, ANNE, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1702 TALLEY RD

City WILMINGTON	State DE	Zip Code 19803
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2019

**Transaction ID : SA11AI.4747**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. CASWELL 600, MARGARET G, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 SHERIDAN RD

City KENILWORTH	State IL	Zip Code 60043
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PERSONAL INVESTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2019

**Transaction ID : SA11AI.6211**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. CASWELL 600, MARGARET G, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 SHERIDAN RD

City KENILWORTH	State IL	Zip Code 60043
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PERSONAL INVESTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2019

**Transaction ID : SA11AI.6212**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. CLAIBORNE 707, WALTER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14217 CLAIBORNE RD

City BATCHELOR	State LA	Zip Code 70715
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2019

**Transaction ID : SA11AI.4962**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. COX 769, JOAN C, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 GRAND COURT RD  
APT 158

City SAN ANGELO	State TX	Zip Code 76901
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2019

**Transaction ID : SA11AI.7770**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. COX 769, JOAN C, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 GRAND COURT RD  
APT 158

City SAN ANGELO	State TX	Zip Code 76901
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2019

**Transaction ID : SA11AI.7798**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. CUETO 331, MARIA E, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1931 SW 14TH TER  
 City MIAMI State FL Zip Code 33145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FAMILY BUSINESS Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2019  
**Transaction ID : SA11AI.6204**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. DELLE 371, STEVEN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 NESBITT LN  
 City MADISON State TN Zip Code 37115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SURVEYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2019  
**Transaction ID : SA11AI.5427**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. DONAT 566, RANDEE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1609 26TH AVE NW  
 City BAUDETTE State MN Zip Code 56623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYVIEW LODGE Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2019  
**Transaction ID : SA11AI.6759**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<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 MAJORITY FUND**

**A. EAGLE 928, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1235 N KRAEMER BLVD

City ANAHEIM	State CA	Zip Code 92806
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2019

**Transaction ID : SA11AI.6374**

Amount of Each Receipt this Period  
110.00

Memo Item

**B. EICHENBAUM 301, SUMIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5060 GOVERNORS WALK DR

City CANTON	State GA	Zip Code 30115
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

**Transaction ID : SA11AI.8484**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. EICHENBAUM 301, SUMIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5060 GOVERNORS WALK DR

City CANTON	State GA	Zip Code 30115
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2019

**Transaction ID : SA11AI.8305**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. EWASYSHYN 483, FRANK J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5545 MURFIELD DR  
 City ROCHESTER State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 21 / 2019  
**Transaction ID : SA11AI.7856**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. FLORES 790, JOE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 147  
 City STRATFORD State TX Zip Code 79084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 18 / 2019  
**Transaction ID : SA11AI.6846**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. FLORES 790, JOE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 147  
 City STRATFORD State TX Zip Code 79084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2019  
**Transaction ID : SA11AI.6754**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. FRUIT 531, YVONNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 WOODFIELD CIR

City WAUKESHA	State WI	Zip Code 53188
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2019

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
110.00

Memo Item

**B. FRUIT 531, YVONNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 WOODFIELD CIR

City WAUKESHA	State WI	Zip Code 53188
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2019

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. GAVIN 334, NORMAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 364 EAGLE DR

City JUPITER	State FL	Zip Code 33477
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2019

**Transaction ID : SA11AI.4493**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. HARRIS-GILLHAM 740, LACINDA, , MS,**  
Mailing Address 141 SPUNKY CREEK DR

City CATOOSA State OK Zip Code 74015

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2019

**Transaction ID : SA11AI.7128**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. HELMERICH 741, PEGGY V, , MS,**  
Mailing Address 2121 S YORKTOWN AVE  
APT 12

City TULSA State OK Zip Code 74114

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

Name of Employer (for Individual) Occupation (for Individual)  
NONE HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2019

**Transaction ID : SA11AI.4440**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. HOLTZ 331, ABEL, , MR,**  
Mailing Address 9999 COLLINS AVE  
PH 3B

City BAL HARBOUR State FL Zip Code 33154

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

Name of Employer (for Individual) Occupation (for Individual)  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2019

**Transaction ID : SA11AI.7516**

Amount of Each Receipt this Period  
200.00

Memo Item

**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 19 OF 67
	<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 MAJORITY FUND**

**A. HOOKER 764, ALICE J, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2049  
 City ALBANY State TX Zip Code 76430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2019  
**Transaction ID : SA11AI.7762**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. KUBALL 491, VIRGINIA L, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3017 JOHNSON RD LOT 4  
 City STEVENSVILLE State MI Zip Code 49127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2019  
**Transaction ID : SA11AI.7877**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LAUQUAN 114, AVIS, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10151 106TH ST  
 City OZONE PARK State NY Zip Code 11416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 29 / 2019  
**Transaction ID : SA11AI.4789**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
<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 MAJORITY FUND**

**A. LAUQUAN 114, AVIS, , MS,**  
Mailing Address 10151 106TH ST

City OZONE PARK	State NY	Zip Code 11416
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>375.00</b>	

Date of Receipt  
**05 / 15 / 2019**  
**Transaction ID : SA11AI.4788**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. LESSIG 212, RICHARD B, , MR,**  
Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**06 / 14 / 2019**  
**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. MADERA 781, LELA, , MS,**  
Mailing Address 187 GEORGE STRAIT

City CANYON LAKE	State TX	Zip Code 78133
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>350.00</b>	

Date of Receipt  
**04 / 08 / 2019**  
**Transaction ID : SA11AI.4894**

Amount of Each Receipt this Period  
**175.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. MEULEMAN 833, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
----------------	----------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2019

**Transaction ID : SA11AI.7287**

Amount of Each Receipt this Period  
205.00

Memo Item

**B. MEULEMAN 833, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2019

**Transaction ID : SA11AI.7259**

Amount of Each Receipt this Period  
205.00

Memo Item

**C. MEULEMAN 833, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
----------------	----------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2019

**Transaction ID : SA11AI.7258**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	660.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. MEULEMAN 833, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
----------------	----------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
860.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

**Transaction ID : SA11AI.7256**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MEULEMAN 833, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
----------------	----------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2019

**Transaction ID : SA11AI.7260**

Amount of Each Receipt this Period  
410.00

Memo Item

**C. MILLER 465, MARY LOUISE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 STONE CAMP TRL

City WINONA LAKE	State ID IN	Zip Code 46590
---------------------	----------------	-------------------

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

Name of Employer (for Individual) DANE & MARY LOUISE MILLER FOUNDATION	Occupation (for Individual) PHILANTHROPIST
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2019

**Transaction ID : SA11AI.7918**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	910.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. NATION 760, DAVID I, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 BRIARWOOD BLVD

City ARLINGTON	State TX	Zip Code 76013
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2019

**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. NATION 760, DAVID I, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 BRIARWOOD BLVD

City ARLINGTON	State TX	Zip Code 76013
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

**Transaction ID : SA11AI.5543**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. NOZNIISKY 142, SARAH A, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 HARDING AVE

City BUFFALO	State NY	Zip Code 14217
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2019

**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<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 MAJORITY FUND**

**A. ORT 549, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N2531 RUSTIC DR  
 City CLINTONVILLE State WI Zip Code 54929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ORT LUMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2019  
**Transaction ID : SA11AI.7946**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**B. ORT 549, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N2531 RUSTIC DR  
 City CLINTONVILLE State WI Zip Code 54929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ORT LUMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2019  
**Transaction ID : SA11AI.7931**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. PERKINS 836, EDWIN R, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 358 E TRAILSIDE DR  
 City EAGLE State ID Zip Code 83616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNKNOWN Occupation (for Individual) UNKNOWN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2019  
**Transaction ID : SA11AI.6807**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. PERKINS 836, EDWIN R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 358 E TRAILSIDE DR

City EAGLE	State ID	Zip Code 83616
---------------	-------------	-------------------

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

Name of Employer (for Individual) UNKNOWN	Occupation (for Individual) UNKNOWN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2019

**Transaction ID : SA11AI.6806**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. REDDY 062, VIVIAN G, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 N SHORE RD

City DAYVILLE	State CT	Zip Code 06241
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2019

**Transaction ID : SA11AI.4984**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. REYES 208, JOSEPH A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10712 ALLOWAY DR

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) CUTLER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2019

**Transaction ID : SA11AI.4365**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
	<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 MAJORITY FUND**

**A. REYES 208, JOSEPH A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10712 ALLOWAY DR

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) CUTLER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : SA11AI.4364**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. RUNNEBOHM 461, NICHOLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3177 SOUTH 375 EAST

City SHELBYVILLE	State IN	Zip Code 46176
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2019

**Transaction ID : SA11AI.8459**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SAHDALA 330, ROBERT M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9521 JOHNSON ST

City HOLLYWOOD	State FL	Zip Code 33024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2019

**Transaction ID : SA11AI.5157**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. SHAW 024, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 LANGDON ST

City NEWTON	State MA	Zip Code 02458
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2019

**Transaction ID : SA11AI.5201**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SHAW 024, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 LANGDON ST

City NEWTON	State MA	Zip Code 02458
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

**Transaction ID : SA11AI.5203**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. STRUIKSMA 907, MARVIN J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18360 SUMMER AVE

City ARTESIA	State CA	Zip Code 90701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) WEST COAST SANDS INC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

**Transaction ID : SA11AI.4558**

Amount of Each Receipt this Period  
245.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. STUDEMAN 490, KENNETH J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65523 N CENTERVILLE RD  
 City STURGIS State MI Zip Code 49091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.6152**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. STUDEMAN 490, KENNETH J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65523 N CENTERVILLE RD  
 City STURGIS State MI Zip Code 49091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 10 / 2019  
**Transaction ID : SA11AI.6151**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. SUPPLE 922, ROZENE R, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 SMOKE TREE LN  
 City PALM SPRINGS State CA Zip Code 92264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R & R BROADCASTING Occupation (for Individual) MEDIA EMPLOYEE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2019  
**Transaction ID : SA11AI.5185**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. SUPPLE 922, ROZENE R, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1850 SMOKE TREE LN

City PALM SPRINGS	State CA	Zip Code 92264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R & R BROADCASTING	Occupation (for Individual) MEDIA EMPLOYEE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2019

**Transaction ID : SA11AI.5184**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. TERRELL 391, LESTER R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 494

City MAGEE	State MS	Zip Code 39111
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2019

**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. TRACY 882, FRANCIS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 868

City CARLSBAD	State NM	Zip Code 88221
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

**Transaction ID : SA11AI.7206**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. TRACY 882, FRANCIS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 868

City CARLSBAD	State NM	Zip Code 88221
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2019

**Transaction ID : SA11AI.7205**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. WILLIAMS 781, THOMAS, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 127

City SCHERTZ	State TX	Zip Code 78154
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2019

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WILLIAMS 781, THOMAS, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 127

City SCHERTZ	State TX	Zip Code 78154
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2019

**Transaction ID : SA11AI.4929**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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 MAJORITY FUND**

**A. WILLIAMS 781, THOMAS, , MRS,**  
Mailing Address PO BOX 127

City SCHERTZ	State TX	Zip Code 78154
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2019  
**Transaction ID : SA11AI.4925**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. WILLIAMS 917, JOHN F, , MR,**  
Mailing Address PO BOX 2528

City CHINO	State CA	Zip Code 91708
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 21 / 2019  
**Transaction ID : SA11AI.7007**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.**  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	20620.00

**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 32 OF 67
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. TMA DIRECT INC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 RESTON METRO PLAZA  
SUITE 600

City RESTON State VA Zip Code 20190

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
383.43

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : SA17.8532

Amount of Each Receipt this Period  
383.43

Memo Item  
LIST RENTAL INCOME

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.43
<b>TOTAL</b> This Period (last page this line number only).....	383.43



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE  
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number

C C00524454

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

260.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. BAKER HOSTETLER LLP**

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2019

FEC Identification Number

C C00524454

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER HOSTETLER LLP**

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C C00524454

Transaction ID : SB21B.4129

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)..... ▶

3760.68

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2019
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4130</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 1000.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2019
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4131</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 1000.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4158</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 210.60
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2210.60
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 01 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4162</b>	
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE			001	Amount of Each Disbursement this Period 224.88
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4163</b>	
Purpose of Disbursement BANK FEE: USAePAY			001	Amount of Each Disbursement this Period 20.00
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4151</b>	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS			001	Amount of Each Disbursement this Period 152.09
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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)..... ▶

396.97

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4142</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA COLLECTION FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 7.95
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4140</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 385.65
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4153</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA DISCOUNT FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 37.40
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	431.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4161</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 323.51	
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 07 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4164</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEE: USAePAY		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4135</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 174.18	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	517.69
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4165</b>	
Purpose of Disbursement BANK FEE: USAePAY			Amount of Each Disbursement this Period 79.95	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 21 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4138</b>	
Purpose of Disbursement BANK FEE: BOFA COLLECTION FEE			Amount of Each Disbursement this Period 7.95	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4148</b>	
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE			Amount of Each Disbursement this Period 247.83	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

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

335.73

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4154</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA DISCOUNT FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 29.20
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4159</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 295.89
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.4166</b>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY		Category/Type 001
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 20.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	345.09
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 03 / 18 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4136</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 194.38	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4149</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 197.40	
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4155</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 22.17	
Purpose of Disbursement BANK FEE: BOFA DISCOUNT FEE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

413.95

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4160</b>	
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE			Amount of Each Disbursement this Period 226.55	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 04 / 09 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4167</b>	
Purpose of Disbursement BANK FEE: USAePAY			Amount of Each Disbursement this Period 20.00	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 04 / 16 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4133</b>	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS			Amount of Each Disbursement this Period 215.59	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 001			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	462.14
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 03 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4157</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 287.58		
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 06 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4150</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 238.81		
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 06 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4156</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 26.58		
Purpose of Disbursement BANK FEE: BOFA DISCOUNT FEE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	552.97
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 07 / 2019		
Mailing Address 1680 CAPITAL ONE DR					
City MCLEAN		State VA	Zip Code 22102		
Purpose of Disbursement BANK FEE: USAePAY				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C C00524454  
**Transaction ID : SB21B.4168**  
Amount of Each Disbursement this Period  
20.00

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 16 / 2019		
Mailing Address 1680 CAPITAL ONE DR					
City MCLEAN		State VA	Zip Code 22102		
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C C00524454  
**Transaction ID : SB21B.4134**  
Amount of Each Disbursement this Period  
210.55

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2019		
Mailing Address 1680 CAPITAL ONE DR					
City MCLEAN		State VA	Zip Code 22102		
Purpose of Disbursement BANK FEE: BOFA COLLECTION FEE				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C C00524454  
**Transaction ID : SB21B.4143**  
Amount of Each Disbursement this Period  
7.95

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	238.50
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4137</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 196.21		
Purpose of Disbursement BANK FEE: MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4139</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 21.73		
Purpose of Disbursement BANK FEE: BOFA DISCOUNT FEE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4141</b>		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 222.84		
Purpose of Disbursement BANK FEE: BOFA INTERCHNG FEE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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)..... ▶

440.78

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4169</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEE: USAePAY		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 17 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4132</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 214.13	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. HINES DIGITAL</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2019	
Mailing Address 6 HOLLIBEN CT			FEC Identification Number C00524454 <b>Transaction ID : SB21B.4186</b>	
City SEVERNA PARK	State MD	Zip Code 21146	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement CONSULTING - DIGITAL DEVELOPMENT		Category/ Type 003	Memo Item <input checked="" type="checkbox"/>	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

234.13

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 320 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

**003**  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00524454

**Transaction ID : SB21B.4190**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 320 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

**003**  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00524454

**Transaction ID : SB21B.4191**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 320 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

**003**  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00524454

**Transaction ID : SB21B.4192**

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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
04		16		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003
Category/ Type

C C00524454

**Transaction ID : SB21B.4193**

Amount of Each Disbursement this Period

Candidate Name

**CONSERVATIVE MAJORITY FUND**

8427.32
---------

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

Memo Item

**B. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
04		29		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003
Category/ Type

C C00524454

**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

Candidate Name

**CONSERVATIVE MAJORITY FUND**

3471.80
---------

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

Memo Item

**C. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
05		16		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003
Category/ Type

C C00524454

**Transaction ID : SB21B.4195**

Amount of Each Disbursement this Period

Candidate Name

**CONSERVATIVE MAJORITY FUND**

9891.20
---------

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

Memo Item

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

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

21790.32

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. INFOCISION MANAGEMENT CORP</b>			Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 320 SPRINGSIDE DR				
City AKRON	State OH	Zip Code 44333	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4196</b>	
Purpose of Disbursement PHONE BANK: VOTER CONTACT SERVICES			Amount of Each Disbursement this Period 3316.47	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 003			

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>			Date of Disbursement MM / DD / YYYY 06 / 18 / 2019	
Mailing Address 320 SPRINGSIDE DR				
City AKRON	State OH	Zip Code 44333	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4197</b>	
Purpose of Disbursement PHONE BANK: VOTER CONTACT SERVICES			Amount of Each Disbursement this Period 8456.31	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 003			

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address 320 SPRINGSIDE DR				
City AKRON	State OH	Zip Code 44333	FEC Identification Number C00524454 <b>Transaction ID : SB21B.4198</b>	
Purpose of Disbursement LN 21b DISBURSEMENTS ALLOCATED TO LN 24			Amount of Each Disbursement this Period - 65987.16	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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 003			

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

- 54214.38

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 02 / 2019

FEC Identification Number: C00524454  
**Transaction ID : SB21B.4207**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 02 / 2019

FEC Identification Number: C00524454  
**Transaction ID : SB21B.4208**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 01 / 2019

FEC Identification Number: C00524454  
**Transaction ID : SB21B.4209**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

7500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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	4		0	1		2	0	1	9

FEC Identification Number

C C00524454

**Transaction ID : SB21B.4210**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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	5		0	1		2	0	1	9

FEC Identification Number

C C00524454

**Transaction ID : SB21B.4211**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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	6		1	0		2	0	1	9

FEC Identification Number

C C00524454

**Transaction ID : SB21B.4212**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

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

7	5	0	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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**MACKENZIE, SCOTT B, , ,**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement REIMBURSEMENT (AMEX) FOR HINES DIGITAL PAYMENT

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 07 / 2019

FEC Identification Number: C00524454  
**Transaction ID : SB21B.4183**

Amount of Each Disbursement this Period: 6000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37866.43

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 67
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INFOCISION MANAGEMENT CORP</b>			Nature of Debt (Purpose): PHONE BANK: TELEMARKETING SERVICES
Mailing Address 320 SPRINGSIDE DR			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="2958.24"/>		Transaction ID : SD10.4189	
Amount Incurred This Period <input type="text" value="10000.00"/>	Payment This Period <input type="text" value="72513.36"/>	Outstanding Balance at Close of This Period <input type="text" value="30444.88"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="30444.88"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="30444.88"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="30444.88"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ANCHOR COMPUTER Memo Item
Mailing Address 1900 NEW HIGHWAY
City FARMINGDALE State NY Zip Code 11735
Purpose of Expenditure NCOA FILES Category/Type 004
Date of Public Distribution/Dissemination 02/11/2019
Amount 729.18
Transaction ID: SE.4220
Date of Disbursement or Obligation 02/13/2019
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 13706.94

Full Name of Payee HINES DIGITAL Memo Item
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS Category/Type 004
Date of Public Distribution/Dissemination 02/11/2019
Amount 15000.00
Transaction ID: SE.4115
Date of Disbursement or Obligation 02/11/2019
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 11996.85

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07/29/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HINES DIGITAL Memo Item
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure PROGRAM CANCELLED PRIOR TO IMPLEMENTATION Category/Type 004
Date of Public Distribution/Dissemination 02/11/2019
Amount -15000.00
Transaction ID: SE.8534
Date of Disbursement or Obligation 02/11/2019
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 11996.85

Full Name of Payee INFOCISION MANAGEMENT CORP Memo Item
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/Type 004
Date of Public Distribution/Dissemination 02/11/2019
Amount 11996.85
Transaction ID: SE.4113
Date of Disbursement or Obligation 01/24/2019
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 0.00

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07/29/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
11996.85
Transaction ID : SE.4199
Date of Disbursement or Obligation
01 / 24 / 2019

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS - BUDGETED NOT DISBURSED
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
29799.58
Transaction ID : SE.4255
Date of Disbursement or Obligation
02 / 11 / 2019

(a) SUBTOTAL of Itemized Independent Expenditures
11996.85
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
16204.76
Transaction ID : SE.4200
Date of Disbursement or Obligation
02 / 19 / 2019

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
16204.76
Transaction ID : SE.4231
Date of Disbursement or Obligation
02 / 19 / 2019

(a) SUBTOTAL of Itemized Independent Expenditures ..... 16204.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Date of Public Distribution/Dissemination
02 / 11 / 2019
Amount
7243.13
Transaction ID : SE.4201
Date of Disbursement or Obligation
03 / 18 / 2019
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General 2020
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Date of Public Distribution/Dissemination
02 / 11 / 2019
Amount
7243.13
Transaction ID : SE.4232
Date of Disbursement or Obligation
03 / 18 / 2019
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 7243.13
(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.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 07 / 29 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 7668.86
Transaction ID: SE.4202
Date of Disbursement or Obligation 04/16/2019

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 7668.86
Transaction ID: SE.4234
Date of Disbursement or Obligation 04/16/2019

(a) SUBTOTAL of Itemized Independent Expenditures 7668.86
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

07 / 29 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 3159.34
Transaction ID: SE.4203
Date of Disbursement or Obligation 04/29/2019

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 3159.34
Transaction ID: SE.4235
Date of Disbursement or Obligation 04/29/2019

(a) SUBTOTAL of Itemized Independent Expenditures 3159.34
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

07/29/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
9000.99
Transaction ID: SE.4204
Date of Disbursement or Obligation
05 / 16 / 2019
Calendar Year-To-Date
Per Election for Office Sought
58314.37

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
9000.99
Transaction ID: SE.4237
Date of Disbursement or Obligation
05 / 16 / 2019
Calendar Year-To-Date
Per Election for Office Sought
58314.37

(a) SUBTOTAL of Itemized Independent Expenditures ..... 9000.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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MACKENZIE, SCOTT B, ,

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Date 07 / 29 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
3017.99
Transaction ID : SE.4205
Date of Disbursement or Obligation
05 / 30 / 2019

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
3017.99
Transaction ID : SE.4238
Date of Disbursement or Obligation
05 / 30 / 2019

(a) SUBTOTAL of Itemized Independent Expenditures
3017.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Memo Item

Date of Public Distribution/Dissemination
02 / 11 / 2019

Mailing Address
320 SPRINGSIDE DR

Amount
7695.24

City State Zip Code
AKRON OH 44333

Transaction ID : SE.4206

Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004

Date of Disbursement or Obligation
06 / 18 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose

Office Sought:
House Senate
President
District: 00
State:

Calendar Year-To-Date
Per Election for Office Sought 70200.42

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Memo Item

Date of Public Distribution/Dissemination
02 / 11 / 2019

Mailing Address
320 SPRINGSIDE DR

Amount
7695.24

City State Zip Code
AKRON OH 44333

Transaction ID : SE.4239

Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004

Date of Disbursement or Obligation
06 / 18 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose

Office Sought:
House Senate
President
District: 00
State:

Calendar Year-To-Date
Per Election for Office Sought 70200.42

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7695.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, , [Electronically Filed] Date 07 / 29 / 2019
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee PARAMOUNT COMMUNICATION
Mailing Address 525-K EAST MARKET ST SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 1172.82
Transaction ID: SE.4213
Date of Disbursement or Obligation 06/10/2019

Full Name of Payee PARAMOUNT COMMUNICATION
Mailing Address 525-K EAST MARKET ST SUITE 114
City LEESBURG State VA Zip Code 20176
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount 1172.82
Transaction ID: SE.4253
Date of Disbursement or Obligation 06/10/2019

(a) SUBTOTAL of Itemized Independent Expenditures 1172.82
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 07/29/2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: STRATEGIC CAMPAIGN GROUP
Mailing Address: 191 MAIN STREET, SUITE 310, ANNAPOLIS, MD 21401
Purpose of Expenditure: REIMBURSEMNT: ANCHOR COMPUTER - NCOA FILES
Category/Type: 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General
Amount: 729.18
Transaction ID: SE.4217
Date of Disbursement or Obligation: 02/13/2019

Full Name of Payee: STRATEGIC CAMPAIGN GROUP
Mailing Address: 191 MAIN STREET, SUITE 310, ANNAPOLIS, MD 21401
Purpose of Expenditure: REIMBURSEMENT: XVERIFY - eMAIL VERIFICATION
Category/Type: 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General
Amount: 980.91
Transaction ID: SE.4219
Date of Disbursement or Obligation: 02/13/2019

(a) SUBTOTAL of Itemized Independent Expenditures: 1710.09
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: STRATEGIC CAMPAIGN GROUP
Mailing Address: 191 MAIN STREET, SUITE 310, ANNAPOLIS, MD 21401
Purpose of Expenditure: DOMAIN REGISTRATION & WEBSITE UPDATES
Category/Type: 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount: 1031.35
Transaction ID: SE.4222
Date of Disbursement or Obligation: 02/13/2019

Full Name of Payee: STRATEGIC CAMPAIGN GROUP
Mailing Address: 191 MAIN STREET, SUITE 310, ANNAPOLIS, MD 21401
Purpose of Expenditure: DOMAIN REGISTRATION & WEBSITE UPDATES
Category/Type: 004
Name of Federal Candidate: TRUMP, DONALD J, , Support
Office Sought: President
Disbursement For: General 2020
Amount: 1031.35
Transaction ID: SE.4240
Date of Disbursement or Obligation: 02/13/2019

(a) SUBTOTAL of Itemized Independent Expenditures: 1031.35
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

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Date 07/29/2019

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
UPT STRATEGIES
Mailing Address
PO BOX 31403
City
CHARLESTON
State
SC
Zip Code
29417
Purpose of Expenditure
WEBSITE HOSTING
Category/Type
004

Date of Public Distribution/Dissemination
02 / 11 / 2019
Amount
299.00
Transaction ID : SE.4224
Date of Disbursement or Obligation
03 / 12 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
31242.05

Office Sought:
House
Senate
District: 00
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
UPT STRATEGIES
Mailing Address
PO BOX 31403
City
CHARLESTON
State
SC
Zip Code
29417
Purpose of Expenditure
WEBSITE HOSTING
Category/Type
004

Date of Public Distribution/Dissemination
02 / 11 / 2019
Amount
299.00
Transaction ID : SE.4241
Date of Disbursement or Obligation
03 / 12 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
31242.05

Office Sought:
House
Senate
District: 00
State:
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 299.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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MACKENZIE, SCOTT B, ,

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Date 07 / 29 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee XVERIFY INC Memo Item
Mailing Address 350 N ORLEANS ST SUITE 9000N
City CHICAGO State IL Zip Code 60654
Purpose of Expenditure eMAIL VERIFICATION Category/Type 004
Date of Public Distribution/Dissemination 02/11/2019
Amount 980.91
Transaction ID: SE.4221
Date of Disbursement or Obligation 02/13/2019
Name of Federal Candidate: TRUMP, DONALD J, , Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Memo Item
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Name of Federal Candidate: Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 70200.42

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MACKENZIE, SCOTT B, ,

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Date 07/29/2019

Signature