PAGE 1 / 13

Image# 201507109000076612

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	monzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Keep Conservatives L	Jnited		
ADDRESS (number and street)	PO Box 97341		
Check if different			
than previously reported. (ACC)	Raleigh		NC 27624
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00499525		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (N	(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Florid	on on	in the State of
X July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t Election	on on	in the State of
5. Covering Period 0	01 2015	through 06	30 2015
I certify that I have examined t	his Report and to the best of	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Bob Harris		
Signature of Treasurer Bob	Harris	[Electronically Filed]	Date 07 10 / 2015
NOTE: Submission of false, error	neous, or incomplete informatio	on may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Keep Conservatives United 01 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 26332.61 January 1, 2015 (b) Cash on Hand at 26332.61 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26332.61 26332.61 6(a) and 6(c) for Column B)..... 5603.66 5603.66 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 20728.95 20728.95 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 94500.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Keen	Conse	rvatives	Linited
VEEN	COLISE	ivalives	Ullitea

Report Covering the Period: From: 01 01 2015 To: 06 30 2015				
I. Receipts	COLUMN A	COLUMN B		
<u> </u>	Total This Period	Calendar Year-to-Date		
Contributions (other than loans) From: (a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	0.00	0.00		
(.)				
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	0.00	0.00		
Totals to Line 33, page 5)	0.00	7 7		
Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
7 III Edario Ficocivos	7 7			
Loop Denoyments Dessived	0.00	0.00		
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
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		
(c) Total Transfers (add 18(a) and 18(b))	0.00			
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00		
	,			
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	5603.66	5603.66
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	5603.66	5603.66
22.	Transfers to Affiliated/Other Party	3000.00	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
20	Contributions to	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures		
25	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
.0.	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(7	
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		2.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29.	Other Disbursements	0.00	0.00
	l	7	
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) II ovinii Chara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	7	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	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))	5603.66	5603.66
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5603.66	5603.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
i. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5603.66	5603.66
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5603.66	5603.66

S ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 OF 13					
ITEMIZED DISBURSEMENTS		(oncor only					
	Detailed Summary Page	X 21b 27	22 23 24 28b 28c				26 30b
Any information copied from such Reports and Staten	nents may not be sold or u						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
Full Name (Last, First, Middle Initial)							
A. CM&Co, LLC			Date of Di	isbursemen	t		
Mailing Address DO D 67075			M M /	DDD	/ Y Y		
Mailing Address PO Box 97275			06	09	201	15	-
	State Zip Code		Transact	tion ID : SB	21R 4442		
Raleigh Purpose of Disbursement	NC 27624		- ITalisaci	. 30	210.4442		
PAC Accounting Services			Amount of	Each Disb	ursement t	his Pe	eriod
Candidate Name		Category/				7540	
	_	Туре		7	7	754.9	99
Office Sought: House Disbursen Senate	nent For: Primary General						
President	Other (specify)						
State: District:	(1						
Full Name (Last, First, Middle Initial)							
B. Ellis Boyle Law PLLC			Date of Di	isbursemen	t		
Mailing Address 507 N Blount St			01	08	/ Y Y 201	Y Y	7
Mailing Address 507 N Blount St			Q1	00	20	13	
•	State Zip Code		Transac	tion ID : SE	321B.4440		
Raleigh Purpose of Disbursement	NC 27604		-				
PAC Legal Services		Amount of	Each Disb	ursement t	his Pe	eriod	
Candidate Name	Category/				2085.4	12	
Office County House		Type		7	7	2005.4	+2
Office Sought: House Disbursen Senate	nent For: Primary General						
	Other (specify)						
State: District:	, , , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial)							
C. Ellis Boyle Law PLLC				isbursemen			
Mailing Address 507 N Blount St			02	18	201		
,	State Zip Code NC 27604		Transac	tion ID : SE	21B.4441		
Purpose of Disbursement	27004		+				
PAC Legal Services			Amount of	Each Disb	ursement t	his Pe	eriod
Candidate Name		Category/				2763.2	25
Office Sought: House Disbursen	nent For:	Type		7	7		
	Primary General						
President	Other (specify) ▼						
State: District:							
OUDTOTAL of Disharan at Till B						5603.6	i6
SUBTOTAL of Disbursements This Page (optional)		······				133.0	¥
TOTAL This Period (last page this line number only)			L	4	Ę	5603.6	6

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

PAGE 7 OF 13

FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 On Line 13 of 1 Only 3X
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4103
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris	Election: Primary General
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
City Raleigh State NC ZIP Coo	de ₂₇₆₀₉
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
3500.00	0.00 3500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	DEMAND 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	

SCHEDULE C (FEC Form 3X)

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

PAGE 8 OF 13

FOR LINE 13 OF FORM 3X

	Botaliou Guillinary i ago		
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4104		
Keep Conservatives United			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
Bob Harris	Primary		
	General		
Mailing Address 3806 Lassiter Mill Rd	Other (specify)		
	de 27609		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
3000.00	0.00 3000.00		
TERMS	Interest Date Occurred		
Date Incurred Date Due	Interest Rate Secured:		
09 03 7 2011 ON	DEMAND 0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Cooungtion		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	•		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	>		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE 9 OF 13
FOR LINE 13 OF FORM 3X

	Dotallou Gullinary Lugo
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4189
Geep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
333 (13.11)	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify)
3000 Lassitei Willi Ku	
City Raleigh State NC ZIP	Code 27609
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
14000.00	0.00 14000.00
TERMS	
Date Incurred Date Du	
03 17 2012	ŎN ĎEMÁNĎ 0.00 % (apr) Yes ⊠ No
	ON DEMAND (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Chata 7ID Code	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
2. Fair Mario (2003, Fires, Middle Hillar)	Traine of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oity State ZIF Gode	Outstanding:
UBTOTALS This Period This Page (optional)	14000.00
ODITION THIS I CHOU THIS I age (optional)	
OTALS This Period (last page in this line only)	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 10 OF 13

FOR LINE 13 OF FORM 3X

		Detailed S	Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transact	ion ID : SC/10.4296
Keep Conservatives United				
LOAN SOURCE Full Name (Last, First, M Bob Harris	Middle Initial)		Ele	ection: Primary General
Mailing Address 3806 Lassiter Mill Rd				Other (specify) ▼
City Raleigh	State NC ZIP Cod	de 27609		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
15000.00		0.0	00	15000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
M 04	M = M / D = D / Y	DEMAND	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of En	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding		
2. Full Name (Last, First, Middle Initial)		Name of En	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding	:	
3. Full Name (Last, First, Middle Initial)		Name of En	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding		
4. Full Name (Last, First, Middle Initial)		Name of En	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding		· · · · · · · · · · · · · · · · · · ·
SUBTOTALS This Period This Page (optiona	ul)		>	15000.00
OTALS This Period (last page in this line o	nly)		>	7
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule	D, carry forward	to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

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

OF 13 PAGE 11 FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name Bob Harris	(Last, First, Mid	ddle Initial)		Election: Primary General
Mailing Address 3806 Lassite	er Mill Rd			Other (specify) ▼
City Raleigh		State NC	ZIP Code ₂₇₆₀₉	
Original Amount of Loan		Cumulative Payr	nent To Date	Balance Outstanding at Close of This Period
7	32000.00	,	0.00	32000.00
TERMS Date Incurred		Da	te Due Inte	erest Rate Secured:
06 20 Y	2014	M M / D D	ON DEMAND	0.00 % (apr) Yes X No
List All Endorsers or Guara		o Loan Source		
1. Full Name (Last, First, N	liddle Initial)		Name of Employ	/er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employ	ver
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employ	/er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employ	/er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
BTOTALS This Period This	Page (optional)			32000.00
TALS This Pariod (last page	in this line only	<i>(</i>)	>	

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

PAGE 12 OF 13

FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4377
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
City Raleigh State NC	ZIP Code 27609
	ayment To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS	
	Date Due Interest Rate Secured:
07 02 7 2014	ON DEMAND 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Oh. ZID Onda	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
3	
	Amount
City State ZIP Code	Guaranteed
A Full Name // oct First Mid-II- I-45-IV	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
NUDTOTAL O This Decid This Decid (a Cara)	15000.00
GUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for the	is line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

PAGE 13 OF 13

FOR LINE 13 OF FORM 3X

		Detailed Summar	y rage
ME OF COMMITTEE (In Full)			Transaction ID : SC/10.4428
eep Conservatives United			
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)		Election:
Bob Harris	•		Primary
			General
Mailing Address 3806 Lassiter Mill Rd			Other (specify)
City Raleigh	State NC ZII	P Code 27609	
Original Amount of Loan	Cumulative Payme	nt To Date	Balance Outstanding at Close of This Period
12000.	00	0.00	12000.00
TERMS	Dete	Dua Interes	et Dete
Date Incurred	Date		st Rate Secured:
08 13 2014		ON DEMAND	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (i	any) to Loan Source		
1. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
JBTOTALS This Period This Page (o	otional)		12000.00
-	· · · · · · · · · · · · · · · · · · ·		94500.00
DTALS This Period (last page in this	line only)	······	94300.00
arry outstanding balance only to LIN	E 3, Schedule D, for this lin	ne. If no Schedule D, car	ry forward to appropriate line of Summary.