

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Conservative Bridge PAC

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="2016"/>	<input type="text" value=""/>	<input type="text" value=""/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value=""/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19).....	<input type="text" value=""/>	<input type="text" value=""/>
(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=""/>	<input type="text" value=""/>
7. Total Disbursements (from Line 31).....	<input type="text" value=""/>	<input type="text" value=""/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value=""/>	<input type="text" value=""/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	<input type="text" value=""/>

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 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	<input type="text"/>	<input type="text"/>
(ii) Non-Federal Share	<input type="text"/>	<input type="text"/>
(b) Other Federal Operating Expenditures	<input type="text"/>	<input type="text"/>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	<input type="text"/>	<input type="text"/>
22. Transfers to Affiliated/Other Party Committees	<input type="text"/>	<input type="text"/>
23. Contributions to Federal Candidates/Committees and Other Political Committees	<input type="text"/>	<input type="text"/>
24. Independent Expenditures (use Schedule E)	<input type="text"/>	<input type="text"/>
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	<input type="text"/>	<input type="text"/>
26. Loan Repayments Made	<input type="text"/>	<input type="text"/>
27. Loans Made	<input type="text"/>	<input type="text"/>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	<input type="text"/>	<input type="text"/>
(b) Political Party Committees	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs)	<input type="text"/>	<input type="text"/>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	<input type="text"/>	<input type="text"/>
29. Other Disbursements	<input type="text"/>	<input type="text"/>
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	<input type="text"/>	<input type="text"/>
(ii) "Levin" Share	<input type="text"/>	<input type="text"/>
(b) Federal Election Activity Paid Entirely With Federal Funds	<input type="text"/>	<input type="text"/>
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	<input type="text"/>	<input type="text"/>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	<input type="text"/>	<input type="text"/>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	<input type="text"/>	<input type="text"/>

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	[Empty box with handwritten 0]	[Empty box with handwritten 0]
34. Total Contribution Refunds (from Line 28(d))	[Empty box with handwritten 0]	[Empty box with handwritten 0]
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	[Empty box with handwritten 0]	[Empty box with handwritten 0]
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	[Empty box with handwritten 0]	[Empty box with handwritten 0]
37. Offsets to Operating Expenditures (from Line 15, page 3).....	[Empty box with handwritten 0]	[Empty box with handwritten 0]
38. Net Operating Expenditures (subtract Line 37 from Line 36)	[Empty box with handwritten 0]	[Empty box with handwritten 0]

010020000 : 100 : 101 : 100 : 01000

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE \ OF \

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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 Bridge PAC

Full Name (Last, First, Middle Initial)

A. *NOT APPLICABLE*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Amount field

Memo Item

Full Name (Last, First, Middle Initial)

B. *NOT APPLICABLE*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Amount field

Memo Item

Full Name (Last, First, Middle Initial)

C. *NOT APPLICABLE*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Amount field

Memo Item

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

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

Amount field

Amount field

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Conservative Bridge PAC</i>		FEC IDENTIFICATION NUMBER C00610857				
LENDING INSTITUTION (LENDER) Full Name <i>NOT APPLICABLE</i>		Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %			
Mailing Address		Date Incurred or Established <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
City State Zip Code		Date Due <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>				M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
B. If line of credit, Amount of this Draw: <input type="text"/>		Total Outstanding Balance: <input type="text"/>				
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)						
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the value of this collateral? <input type="text"/> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the estimated value? <input type="text"/>			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y	Location of account: Address: _____ City, State, Zip: _____	
M M M	D D D	Y Y Y Y Y Y Y Y				
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.						
G. COMMITTEE TREASURER Typed Name Signature		DATE <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.						
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
Title						

2010-01-11 10:00:00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Conservative Bridge PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
NOT APPLICABLE		
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

2010-10-15 11:50 AM

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
Conservative Bridge PAC

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO

If YES, name the designating committee:

Full Name of Subordinate Committee
NOT APPLICABLE

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Category/Type

Mailing Address Date

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount

Aggregate General Election Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Category/Type

Mailing Address Date

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount

Aggregate General Election Expenditure for this Candidate ▶

Full Name (Last, First, Middle Initial) of Each Payee Memo Item Purpose of Expenditure Category/Type

Mailing Address Date

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount

Aggregate General Election Expenditure for this Candidate ▶

SUBTOTAL of Expenditures This Page (optional) ▶

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

1103500001 W0 11-1-20 10-0-00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

Conservative Bridge PAC - NOT APPLICABLE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

2010-01-11 10:00:00

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Conservative Bridge PAC - NOT APPLICABLE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

20100101 10:15:00 AM 0000000000

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Conservative Bridge PAC

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
NOT APPLICABLE Administrative Fundraising Exempt
Mailing Address Voter Drive Direct Candidate Support
City **State** **Zip Code** Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/Type **Date** / /
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
 + =

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
Mailing Address Voter Drive Direct Candidate Support
City **State** **Zip Code** Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/Type **Date** / /
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
 + =

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
Mailing Address Voter Drive Direct Candidate Support
City **State** **Zip Code** Public Comm (ref to party only) by PAC
Purpose of Disbursement: Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/Type **Date** / /
FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
 + =

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + **NONFEDERAL SHARE** = **TOTAL AMOUNT**
 + =

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE **NONFEDERAL SHARE** **TOTAL AMOUNT**

20150310 10:40:00 AM

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Conservative Bridge PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>NOT APPLICABLE</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID
- iii) **GOTV**
Total Amount Transferred for GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID
- iii) **GOTV**
Total Amount Transferred for GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2010-01-14 10:00:00 AM

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE \ OF |

FOR LINE NUMBER:
 (check only one) 1a 2

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 Bridge PAC

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p> <p><i>NOT APPLICABLE</i></p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>	<p>Amount of Each Receipt this Period</p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p>Aggregate Year-to-Date</p>

11-01-2015 10:00:00 AM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked
4/14/16

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

4/15/16
DATE PREPARED