

**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 Action Fund

ADDRESS (number and street)

203 South Union Street

☐ Check if different than previously reported. (ACC)

Suite 300

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496505

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Backer, Dan, , , Esq.

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , , Esq.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		3458.29
(b) Cash on Hand at Beginning of Reporting Period.....	4001.10	
(c) Total Receipts (from Line 19) .....	36864.76	64425.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40865.86	67883.37
7. Total Disbursements (from Line 31).....	36863.90	63881.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4001.96	4001.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6000.00	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016
**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).....

9949.00

13716.00

(ii) Unitemized .....

25759.57

46639.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

35708.57

60355.89

(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) .....

35708.57

60355.89

## 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.).....

1156.19

4069.19

## 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)) .....

36864.76

64425.08

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

36864.76

64425.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	10813.36	32951.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10813.36	32951.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10025.00	10693.00
24. Independent Expenditures (use Schedule E) .....	14491.29	15279.79
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1500.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	80.00	177.76
(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)).....	80.00	177.76
29. Other Disbursements (Including Non-Federal Donations).....	1454.25	3279.25
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)) ..	36863.90	63881.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36863.90	63881.41

**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) .....	35708.57	60355.89
34. Total Contribution Refunds (from Line 28(d)) .....	80.00	177.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35628.57	60178.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10813.36	32951.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10813.36	32951.61

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

In response to the Commission's request for additional information dated 10/6/16, please reference the committee's prior response dated 9/19/16.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. BRADLEY, KATIE, , ,**

Mailing Address 1000 PARK PLACE BLVD

City  
MIDLOTHIAN

State  
TX

Zip Code  
76065-5198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

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 Y  
07 / 26 / 2016

Transaction ID : SA11A.494695

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRAZIL, KIRK, , ,**

Mailing Address 10435 GARDEN ROSE DR

City  
LAS VEGAS

State  
NV

Zip Code  
89135-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SA11A.494868

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. CAMPBELL, LINDA, , ,**

Mailing Address 209 ELKMONT ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37922-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
TRAVEL AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SA11A.494643

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. CARTER, SCOTT, , ,**

Mailing Address 4119 MARSHA SHARP FREEWAY

City  
LUBBOCK

State  
TX

Zip Code  
79407-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OTTO'S GRANARY

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

Transaction ID : SA11A.494757

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. ECONOMOS, JIM, , ,**

Mailing Address 106 BARTLETT AVE

City  
BARTLETT

State  
IL

Zip Code  
60103-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

Transaction ID : SA11A.494657

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HARPER, EDWIN, , ,**

Mailing Address 4210 S. DOUGLAS ROAD

City  
MIAMI

State  
FL

Zip Code  
33133-6845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

Transaction ID : SA11A.494753

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

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

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

2200.00



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

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

FOR LINE NUMBER: PAGE 9 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. IRR, WILLIAM, , ,**

Mailing Address 1016 ROYAL BIRKDALE DR

City  
TARPON SPRINGS

State  
FL

Zip Code  
34688-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

Transaction ID : SA11A.495054

Amount of Each Receipt this Period

33.00

☐ Memo Item  
CONTRIBUTION

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

**B. IRR, WILLIAM, , ,**

Mailing Address 1016 ROYAL BIRKDALE DR

City  
TARPON SPRINGS

State  
FL

Zip Code  
34688-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11A.495072

Amount of Each Receipt this Period

33.00

☐ Memo Item  
CONTRIBUTION

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

**C. IRR, WILLIAM, , ,**

Mailing Address 1016 ROYAL BIRKDALE DR

City  
TARPON SPRINGS

State  
FL

Zip Code  
34688-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11A.495073

Amount of Each Receipt this Period

33.00

☐ Memo Item  
CONTRIBUTION

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

99.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

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

A. JACKSON, JOHN, , ,

Mailing Address PO BOX 130

City  
CHUALARState  
CAZip Code  
93925-0130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JJ & SON MARKETING, INC.Occupation (for Individual)  
PRODUCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11A.494847

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. MCQUEENEY, LINDA, , ,

Mailing Address 5100 NORTH OCEAN BLVD., 1504

City  
FORT LAUDERDALEState  
FLZip Code  
33308-3015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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 Y  
07 / 28 / 2016

Transaction ID : SA11A.494640

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. MINDALA, JAMES, , ,

Mailing Address 9640 WEATHERVANE

City  
CHAGRIN FALLSState  
OHZip Code  
44023-2449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SA11A.494903

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. MORI, ALESSANDRO, , ,**

Mailing Address 150 RIDGEDALE AVE

City  
MADISON

State  
NJ

Zip Code  
07940-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STB CONSULTING, LLC

Occupation (for Individual)  
GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

Transaction ID : SA11A.494987

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ORTOLF, LAURIE, , ,**

Mailing Address 5 MEADOW LARK LANE

City  
LITTLETON

State  
CO

Zip Code  
80127-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

Transaction ID : SA11A.494570

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. PADGETT, DIANNE, BROADAWAY, ,**

Mailing Address 10803 BURGEOYNE ROAD

City  
HOUSTON

State  
TX

Zip Code  
77042-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF - PADGETT EXPLORATION

Occupation (for Individual)  
CONSULTING GEOPHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

Transaction ID : SA11A.494559

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 30

<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 Action Fund**

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

**A. PRICE, GINGER, , ,**

Mailing Address 5816 N 23RD STREET

City  
PHOENIXState  
AZZip Code  
85016-2708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GINGER PRICE DDSOccupation (for Individual)  
DENTIST/OWNER

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
07	27	2016

**Transaction ID : SA11A.494659**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**B. RANA, GERALD, , ,**

Mailing Address 806 HWY # 2 NORTH

City  
WILBURTONState  
OKZip Code  
74578-7726FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RANA'S FAMILY MEDICAL CLINICOccupation (for Individual)  
PHYSICIAN

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
08	06	2016

**Transaction ID : SA11A.494546**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

**C. REARDON, MICHAEL, , ,**Mailing Address 330 WEST 39TH ST  
4DCity  
NEW YORKState  
NYZip Code  
10018-1780FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CIGNAOccupation (for Individual)  
MD

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
07	20	2016

**Transaction ID : SA11A.494968**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

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

A. ROSE, MARGIE, I., ,

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

Transaction ID : SA11A.495035

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

B. ROSE, MARGIE, I., ,

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

Transaction ID : SA11A.495037

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. ROSE, MARGIE, I., ,

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11A.495084

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. ROSE, MARGIE, I., ,**

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11A.495088

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROSE, MARGIE, I., ,**

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11A.495090

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROSE, MARGIE, I., ,**

Mailing Address 2104 HILL COUNTRY DR.

City  
ARLINGTON

State  
TX

Zip Code  
76012-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11A.495091

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 15 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. STEVENS, DAVID, , ,**

Mailing Address 1754 TECHNOLOGY DRIVE, SUITE 226

City  
SAN JOSE

State  
CA

Zip Code  
95110-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEVENS LAW GROUP

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

**Transaction ID : SA11A.494466**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SWIFT, STEVE, , ,**

Mailing Address 1720 S. CENTRAL AVE

City  
KENT

State  
WA

Zip Code  
98032-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SWIFTCARB CNC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

**Transaction ID : SA11A.494919**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. TOURINO, JOHNNY, , ,**

Mailing Address 23807 ALISO CREEK ROAD, SUITE 220

City  
LAGUNA NIGUEL

State  
CA

Zip Code  
92677-3929

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SPECTRA

Occupation (for Individual)  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

**Transaction ID : SA11A.494690**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. WALKER, DONALD, , ,**

Mailing Address 3510 PINNACLE ROAD

City  
AUSTIN

State  
TX

Zip Code  
78746-7461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

Transaction ID : SA11A.494660

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WALTERS, RONALD J, , ,**

Mailing Address 404 N HORD ST

City  
GRAYSON

State  
KY

Zip Code  
41143-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

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 Y  
08 / 03 / 2016

Transaction ID : SA11A.494556

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. WHINERY, DR. MICHAEL, , ,**

Mailing Address PO BOX 2745 CLAREMORE OK

City  
CLAREMORE

State  
OK

Zip Code  
74018-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLAREMORE ODVA

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

Transaction ID : SA11A.494697

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00



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

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

FOR LINE NUMBER: PAGE 17 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

**A. ZIMMERMAN, JASON, , ,**

Mailing Address 1824 BARRINGTON DR

City  
ROANOKE

State  
TX

Zip Code  
76262-9004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

Transaction ID : SA11A.494796

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B.**

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

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

**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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

500.00

9949.00

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

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

FOR LINE NUMBER: PAGE 18 OF 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

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

## **A. POLITICAL LIST BROKERS LLC**

Mailing Address 107 S WEST ST

PMB 826

City

ALEXANDRIA

State  
VA

Zip Code

22314-2824

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 ▼

4069.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

**Transaction ID : SA17.92396**

Amount of Each Receipt this Period

1156.19

☐ Memo Item

CAREY ACCT: LIST RENTAL INCOME

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

## **B.**

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

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

## **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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1156.19

1156.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 30

<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

Mailing Address 10156 PERKINS ROWE  
STE. 217FCity  
BATON ROUGEState  
LAZip Code  
70810Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I9240!**

Amount of Each Disbursement this Period

1458.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2016

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I9239!**

Amount of Each Disbursement this Period

3387.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ONLINE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I9239**

Amount of Each Disbursement this Period

5526.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10371.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 30

<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.I92401**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.I92401**

Amount of Each Disbursement this Period

137.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.I9241**

Amount of Each Disbursement this Period

29.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

216.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 30

<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9242i**

Amount of Each Disbursement this Period

 116.10☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LIST RENTAL FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9242i**

Amount of Each Disbursement this Period

 27.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9241**

Amount of Each Disbursement this Period

 4.14☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 147.24

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 30

<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
HOSTING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9241**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9242**

Amount of Each Disbursement this Period

 3.10☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
HOSTING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C** **Transaction ID : SB21B.I9243**

Amount of Each Disbursement this Period

 50.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 78.10 10813.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. TED CRUZ FOR SENATE**Mailing Address 815 A BRAZOS  
PMB 550City  
AUSTINState  
TXZip Code  
78701-2514Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

**C** C00492785**Transaction ID : SB23.I92439**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUMP VICTORY**Mailing Address 138 CONANT STREET  
2ND FLOORCity  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	6		

FEC Identification Number

**C** C00618389**Transaction ID : SB23.I92403**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10025.00

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

10025.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAREY ACCT: HOSTING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

**C** **Transaction ID : SB29.I92394**

Amount of Each Disbursement this Period

 160.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CAREY ACCT: HOSTING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

FEC Identification Number

**C** **Transaction ID : SB29.I92395**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

FEC Identification Number

**C** **Transaction ID : SB29.I92383**

Amount of Each Disbursement this Period

 76.36☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

386.36



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

<input 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 checked="" 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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
CAREY ACCT: COMPLIANCE SOFTWARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** Transaction ID : SB29.I92387

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENTS: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** Transaction ID : SB29.I92388

Amount of Each Disbursement this Period

67.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
CAREY ACCT: COMPLIANCE SOFTWARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** Transaction ID : SB29.I92389

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

67.89

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 30

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. WALLACE, JORDAN, RATLIFF AND BRANDT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

Mailing Address 800 SHADES CREEK PKWY  
#400City  
BIRMINGHAMState  
ALZip Code  
35209Purpose of Disbursement  
CAREY ACCOUNT: LEGAL SERVICES DEBT PAYMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** Transaction ID : SB29.I92392

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALLACE, JORDAN, RATLIFF AND BRANDT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Mailing Address 800 SHADES CREEK PKWY  
#400City  
BIRMINGHAMState  
ALZip Code  
35209Purpose of Disbursement  
CAREY ACCOUNT: LEGAL SERVICES DEBT PAYMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** Transaction ID : SB29.I92393

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1454.25

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 30

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Conservative Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wallace, Jordan, Ratliff &amp; Brandt, LLC

Nature of Debt (Purpose):

Legal services

Mailing Address 800 SHADES CREEK PKWY  
#400City  
BIRMINGHAMState  
ALZip Code  
35209

Outstanding Balance Beginning This Period

7000.00

Transaction ID : 201601311

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

6000.00

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

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

Zip Code

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)..... ►

6000.00

2) **TOTALS** This Period (last page this line number only)..... ►

6000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 28 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Conservative Action Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00496505         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>POLITICAL LIST BROKERS LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 107 S WEST ST PMB 826			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314-2824	Transaction ID : <b>SE24.90258</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure LIST RENTAL FEES FOR 7/20-7/26		Category/ Type <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>POLITICAL LIST BROKERS LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 107 S WEST ST PMB 826			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22314-2824	Transaction ID : <b>SE24.90259</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure LIST RENTAL FEES FOR 7/27		Category/ Type <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<input type="text"/>		
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<input type="text"/>		
<b>(a) TOTAL Independent Expenditures .....</b>			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
BACKER, DAN, , , Signature		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 29 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Conservative Action Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496505	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 28 / 2016		
Mailing Address 107 S WEST ST PMB 826			Amount <span style="border: 1px solid black; padding: 2px;">1776.00</span>		
City ALEXANDRIA	State VA	Zip Code 22314-2824	Transaction ID : <b>SE24.92397</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 31 / 2016		
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14491.29</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 01 / 2016		
Mailing Address 107 S WEST ST PMB 826			Amount <span style="border: 1px solid black; padding: 2px;">1724.00</span>		
City ALEXANDRIA	State VA	Zip Code 22314-2824	Transaction ID : <b>SE24.92404</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016		
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14491.29</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3500.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
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.					
BACKER, DAN, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 28 / 2016	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 30 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Conservative Action Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496505		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Full Name of Payee <input type="checkbox"/> Memo Item <b>POLITICAL LIST BROKERS LLC</b> ACTUAL PAYMENT OF REPORTED ESTIMATE			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 21 / 2016		
Mailing Address 107 S WEST ST PMB 826			Amount <span style="border: 1px solid black; padding: 2px;">845.50</span>		
City ALEXANDRIA		State VA	Zip Code 22314-2824		
Purpose of Expenditure EMAIL LIST RENTAL, EMAIL DEPLOYMENT, AND ONLINE VOTER CONTACT			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14491.29</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City		State	Zip Code		
Purpose of Expenditure			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">845.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">14491.29</span>		
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.					
BACKER, DAN, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 21 / 2016	
Signature					