

**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 LIBERTY COALITION

ADDRESS (number and street)

1624 MARKET STREET

SUITE 202

Check if different
than previously
reported. (ACC)

DENVER

CO

80202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575118

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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / 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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y
06 30 2017

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

Hornaday, Alexander, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hornaday, Alexander, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 28 2017

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 LIBERTY COALITION

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		19946.00
(b) Cash on Hand at Beginning of Reporting Period.....	19946.00	
(c) Total Receipts (from Line 19)	13148.56	13148.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33094.56	33094.56
7. Total Disbursements (from Line 31).....	31728.31	31728.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1366.25	1366.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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 LIBERTY COALITION

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2017

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2017
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).....

1660.00

1660.00

(ii) Unitemized

10488.56

10488.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12148.56

12148.56

(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)

12148.56

12148.56

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).....

1000.00

1000.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

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))

13148.56

13148.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13148.56

13148.56

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	11628.31	11628.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11628.31	11628.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20000.00	20000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31728.31	31728.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31728.31	31728.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	12148.56	12148.56
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12048.56	12048.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11628.31	11628.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1000.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10628.31	10628.31

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

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

FOR LINE NUMBER: PAGE 6 OF 20

(check only one)

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

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 LIBERTY COALITION

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

A. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

B. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2017

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

C. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2017

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

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

300.00

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 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LIBERTY COALITION

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

A. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2017

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

B. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

C. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

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

300.00

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 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LIBERTY COALITION

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

A. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

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

B. Bentley, MaryAnn, , ,

Mailing Address 853 Sheridan Ln

City
Gardnerville

State
NV

Zip Code
89460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

C. Buhler, Gayle, , ,

Mailing Address 1515 Hyde Park Blvd
Apt 36

City
Houston

State
TX

Zip Code
77006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Homemaker

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2017

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

400.00

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 9 OF 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LIBERTY COALITION

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

A. McManus, Jim, , ,

Mailing Address PO Box 369

161 Blackwall Ct

City

Boca Grande

State

FL

Zip Code

33921-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Comm. Real Estate

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2017

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

B. Millard, Justin Wilson, , ,

Mailing Address 516 W Briar Pl

Apt. 11C

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Unemployed

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2017

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

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

C. Reznick, Melvyn, , ,

Mailing Address 4282 Pasadero Pl

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

mreznick@roadrunner.com

Occupation (for Individual)

Real estate

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2017

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

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

600.00

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 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LIBERTY COALITION

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

A. Reznick, Melvyn, , ,

Mailing Address 4282 Pasadero PI

City
Tarzana

State
CA

Zip Code
91356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
mreznick@roadrunner.com

Occupation (for Individual)
Real estate

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period

60.00

☐ 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)..... ►

60.00

1660.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

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

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LIBERTY COALITION

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

A. Amagi Strategies

Mailing Address 424 10 St

#4C

City
New York

State
NY

Zip Code
10009

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : SA15.4683

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Refund post election

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)..... ►

1000.00

1000.00

**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 12 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. Amagi StrategiesMailing Address 424 10 St
#4CCity
New YorkState
NYZip Code
10009

Purpose of Disbursement

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
06		30		2017

FEC Identification Number

C**Transaction ID : SB21B.4694**

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Law Office of Alexander HornadayMailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and compliance

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
01		10		2017

FEC Identification Number

C**Transaction ID : SB21B.4685**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Law Office of Alexander HornadayMailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and Compliance

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
02		10		2017

FEC Identification Number

C**Transaction ID : SB21B.4687**

Amount of Each Disbursement this Period

500.00

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

8000.00

**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 13 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. The Law Office of Alexander Hornaday

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

Mailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and Compliance

001

Category/
Type

Candidate Name

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

State: District:

a

FEC Identification Number

C Transaction ID : SB21B.4688

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Law Office of Alexander Hornaday

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2017

Mailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and Compliance

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Law Office of Alexander Hornaday

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Mailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and Compliance

001

Category/
Type

Candidate Name

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

State: District:

FEC Identification Number

C Transaction ID : SB21B.4692

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

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

1500.00

**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 14 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. The Law Office of Alexander HornadayMailing Address 1624 Market St
ste 202City
DenverState
COZip Code
80202Purpose of Disbursement
Legal and Compliance

001

Category/
Type

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	
0	6				1	0					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank fees inadvertently unreported in 2016

001

Category/
Type

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	
0	1				2	3					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.4721

Amount of Each Disbursement this Period

606.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Category/
Type

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	
0	2				0	1					2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.4707

Amount of Each Disbursement this Period

82.50

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

1188.52

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

PAGE 15 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice 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
0	2				1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4705

Amount of Each Disbursement this Period

134.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice 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
0	3				0	1		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4703

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice 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
0	3				1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4702

Amount of Each Disbursement this Period

126.99

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

335.99

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

PAGE 16 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice 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
0	4			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4701

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice 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
0	4			1	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4700

Amount of Each Disbursement this Period

122.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice 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
0	5			0	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4699

Amount of Each Disbursement this Period

78.75

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

276.57

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

PAGE 17 OF 20

<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 LIBERTY COALITION

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Category/
Type

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
0	5				1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4698

Amount of Each Disbursement this Period

159.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fee

001

Category/
Type

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
0	6				0	1		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4697

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank Fees

001

Category/
Type

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
0	6				1	2		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.4695

Amount of Each Disbursement this Period

92.76

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

3	2	7	.	2	3
1	1	6	2	8	.
3	1				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 20
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION				FEC IDENTIFICATION NUMBER ▼ C C00575118	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 01 / 2017		
Mailing Address 424 10 St #4C			Amount 2000.00		
City New York	State NY	Zip Code 10009	Transaction ID : SE.4717 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2017		
Purpose of Expenditure Content Writing, List license, send fees		Category/ Type 004			
Name of Federal Candidate: KAINE, TIMOTHY MICHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 2000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2017		
Mailing Address 424 10 St #4C			Amount 3000.00		
City New York	State NY	Zip Code 10009	Transaction ID : SE.4713 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2017		
Purpose of Expenditure Content Writing, List License, Send fees		Category/ Type 004			
Name of Federal Candidate: WARREN, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MP		
Calendar Year-To-Date Per Election for Office Sought 3000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Hornaday, Alexander, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 07 / 28 / 2017	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 20
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION				FEC IDENTIFICATION NUMBER ▼ C C00575118	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amagi Strategies			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 06 / 2017		
Mailing Address 424 10 St #4C			Amount 3000.00		
City New York	State NY	Zip Code 10009	Transaction ID : SE.4723 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2017		
Purpose of Expenditure Content Writing, list license, send fees		Category/Type 004			
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			3000.00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amagi Strategies			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 05 / 2017		
Mailing Address 424 10 St #4C			Amount 7000.00		
City New York	State NY	Zip Code 10009	Transaction ID : SE.4708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 05 / 2017		
Purpose of Expenditure Content Writing, Email List license, marketing send fees		Category/Type 004			
Name of Federal Candidate: GIANFORTE, GREG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought			7000.00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General		
(a) SUBTOTAL of Itemized Independent Expenditures			10000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hornaday, Alexander, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 07 / 28 / 2017		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 20
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION			FEC IDENTIFICATION NUMBER ▼ C C00575118	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 14 / 2017	
Mailing Address 424 10 St #4C			Amount 3000.00	
City New York	State NY	Zip Code 10009	Transaction ID : SE.4710 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 14 / 2017	
Purpose of Expenditure Content Writing, Email list license, marketing send fees		Category/ Type 004		
Name of Federal Candidate: HANDEL, KAREN CHRISTINE, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought 3000.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General	
Full Name of Payee Amagi Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 01 / 2017	
Mailing Address 424 10 St #4C			Amount 2000.00	
City New York	State NY	Zip Code 10009	Transaction ID : SE.4715 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 01 / 2017	
Purpose of Expenditure Content writing, email list license, send fees		Category/ Type 004		
Name of Federal Candidate: BALDWIN, TAMMY, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought 2000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			5000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures			20000.00	
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.				
Signature <u>Hornaday, Alexander, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 07 / 28 / 2017	