

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 OCT 27 AM 9:25

Office Use Only
REG MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

THE CONSERVATIVE CAUCUS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1125 OLD BRIDGE RD

Check if different than previously reported. (ACC)

AMISSVILLE VA 20106-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00563544

3. IS THIS REPORT

NEW (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

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

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

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

07 / 01 / 2014

through

09 / 30 / 2014

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

Type or Print Name of Treasurer Charles L. Orndorff

Signature of Treasurer

[Handwritten Signature]

Date

10 / 21 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} *07 01 2014* To: ^{M M / D D / Y Y Y Y} *09 30 2014*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} <i>0</i>		<i>0</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>5,481.13</i>	
(c) Total Receipts (from Line 19).....	<i>727.00</i>	<i>6,770.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>6,208.13</i>	<i>6,770.00</i>
7. Total Disbursements (from Line 31).....	<i>5,260.29</i>	<i>5,822.16</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>947.84</i>	<i>947.84</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	<i>0</i>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	<i>9,162.94</i>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} *07 01 2014* To: ^{M M / D D / Y Y Y Y} *09 30 2014*

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).....	0	500.00
(ii) Unitemized.....	727.00	6,120.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	727.00	6,620.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	727.00	6,620.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	1,500.00
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	727.00	6,770.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	727.00	6,770.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	5,260.29	5,672.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,260.29	5,672.16
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	1,500.00
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5,260.29	5,822.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,260.29	5,822.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	727.00	6,620.00
34. Total Contribution Refunds (from Line 28(d))	0.	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	727.00	6,620.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,260.29	5,672.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5,260.29	5,672.16

FROM FRONT

**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 / OF /	
<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	

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)
The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	0

FROM FORM 3X

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 4
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
The Conservative Council Political Action Committee

A. <i>Strive Communications</i>		Date of Disbursement
Mailing Address <i>11921 Freedom Drive</i>		<i>07 / 13 / 2014</i>
City <i>Roanoke</i>	State <i>VA</i>	Zip Code <i>20190</i>
Purpose of Disbursement <i>Postage</i>		Amount of Each Disbursement this Period
Candidate Name	<i>001</i>	<i>4,259.14</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B. <i>Authorize.net</i>		Date of Disbursement
Mailing Address <i>PO Box 947</i>		<i>07 / 11 / 2014</i>
City <i>American Fork</i>	State <i>VT</i>	Zip Code <i>84003</i>
Purpose of Disbursement <i>Merchant fee</i>		Amount of Each Disbursement this Period
Candidate Name	<i>001</i>	<i>31.00</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

C. <i>Wells Fargo Bank</i>		Date of Disbursement
Mailing Address <i>155 Broadview Avenue</i>		<i>07 / 28 / 2014</i>
City <i>Warrenton</i>	State <i>VA</i>	Zip Code <i>20186</i>
Purpose of Disbursement <i>Bank fee</i>		Amount of Each Disbursement this Period
Candidate Name	<i>001</i>	<i>5.00</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	<i>4,295.14</i>
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 4
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) <i>Charles Orndorff</i>		Date of Disbursement MM/DD/YYYY <i>08/01/2014</i>
Mailing Address <i>1125 Old Bridge Rd</i>		Amount of Each Disbursement this Period <i>38.62</i>
City <i>Amisville</i>	State Zip Code <i>VA 20106</i>	
Purpose of Disbursement <i>PO Box fee, delivery</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) <i>Kenvel Prater</i>		Date of Disbursement MM/DD/YYYY <i>08/08/2014</i>
Mailing Address <i>4272 Indianola Avenue</i>		Amount of Each Disbursement this Period <i>100.00</i>
City <i>Columbus</i>	State Zip Code <i>OH 43214</i>	
Purpose of Disbursement <i>POSTAGE</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) <i>Authorize.net</i>		Date of Disbursement MM/DD/YYYY <i>08/12/2014</i>
Mailing Address <i>PO Box 947</i>		Amount of Each Disbursement this Period <i>31.00</i>
City <i>American Fork</i>	State Zip Code <i>UT 84203</i>	
Purpose of Disbursement <i>Merchant Fee</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>169.62</i>
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)

<p>A. <i>WJG Marketing Services</i></p> <p>Mailing Address <i>1085 Eagle Rock Lane</i></p> <p>City <i>Frederick, MD</i> State Zip Code <i>21702</i></p> <p>Purpose of Disbursement <i>Data entry</i></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p><i>08 26 2014</i></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period</p> <p><i>1,69.80</i></p>
<p>Category/Type <i>001</i></p>		

<p>B. <i>List Processing Services</i></p> <p>Mailing Address <i>PO Box 2325</i></p> <p>City <i>Fairfax VA</i> State Zip Code <i>22031</i></p> <p>Purpose of Disbursement <i>Data Processing</i></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p><i>08 26 2014</i></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period</p> <p><i>65.70</i></p>
<p>Category/Type <i>001</i></p>		

<p>C. <i>Authorize.net</i></p> <p>Mailing Address <i>PO Box 947</i></p> <p>City <i>American Fork VT</i> State Zip Code <i>84003</i></p> <p>Purpose of Disbursement <i>Merchant fee</i></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p><i>09 11 2014</i></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period</p> <p><i>0.58</i></p>
<p>Category/Type <i>001</i></p>		

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

236.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 4 OF 4			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. *Authorize.net*

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 947

City
American Fork State
VT Zip Code
84003

Purpose of Disbursement
merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y
09 / 11 / 2014

Amount of Each Disbursement this Period
001
2.82

B. *Authorize.net*

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 947

City
American Fork State
VT Zip Code
84003

Purpose of Disbursement
merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y
09 / 11 / 2014

Amount of Each Disbursement this Period
001
56.67

C. *Buchley Direct Graphics*

Full Name (Last, First, Middle Initial)

Mailing Address
4334 Chancery Park Dr.

City
Fairfax State
VA Zip Code
22030

Purpose of Disbursement
Mailing + Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period
001
500.00

SUBTOTAL of Disbursements This Page (optional).....▶ *559.5*

TOTAL This Period (last page this line number only).....▶ *5,260.29*

140001-1100001

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF /
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	
TOTALS This Period (last page in this line only).....▶	0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Strive Communications</i>	Nature of Debt (Purpose): <i>printing & mailing</i>
Mailing Address <i>11921 Freedom Drive Ste 550</i>	
City State Zip Code <i>Reston VA 20190</i>	

Outstanding Balance Beginning This Period <i>10,377.14</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>4,259.14</i>	Outstanding Balance at Close of This Period <i>6,118.00</i>
---	---	--	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Conrad Direct</i>	Nature of Debt (Purpose): <i>List Rental</i>
Mailing Address <i>300 Knickerbocker Rd</i>	
City State Zip Code <i>Cresskill NJ 07626</i>	

Outstanding Balance Beginning This Period <i>1,391.41</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>1,391.41</i>
--	---	---------------------------------	--

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>The Waters Agency</i>	Nature of Debt (Purpose): <i>direct mail consulting</i>
Mailing Address <i>211 N. Union Street Ste 100</i>	
City State Zip Code <i>Alexandria VA 22314</i>	

Outstanding Balance Beginning This Period <i>0</i>	Amount Incurred This Period <i>1,500.00</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>1,500.00</i>
---	--	---------------------------------	--

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>List Processing Specialists</i>		Nature of Debt (Purpose): <i>Data Processing</i>
Mailing Address <i>PO 2325</i>		
City <i>Fairfax</i>	State <i>VA</i>	Zip Code <i>22031</i>

Outstanding Balance Beginning This Period <i>153.53</i>	Amount Incurred This Period <i>65.70</i>	Payment This Period <i>65.70</i>	Outstanding Balance at Close of This Period <i>153.53</i>
--	---	-------------------------------------	--

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).....▶	
2) TOTALS This Period (last page this line number only).....▶	<i>9,162.94</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>0</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>9,162.94</i>

14470 UNH - W021

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

NAME OF COMMITTEE (In Full) <i>The Conservative Caucus Political Action Committee</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00563544</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<i>0</i>

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 _____ Date M M / D D / Y Y Y Y

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

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

PAGE / OF /
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>The Conservative Caucus Political Action Committee</i>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City		State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		M M / D D / Y Y Y Y
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House	State: _____		
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		M M / D D / Y Y Y Y
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House	State: _____		
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure		Category/Type
Mailing Address			Date		M M / D D / Y Y Y Y
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House	State: _____		
		Senate	District: _____		
		Presidential			
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					0

Charles L. Orndorff
1125 Old Bridge Rd.
Amissville, VA 20106-2142

10470 10471 10472



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Federal Election Commission
999 E St. NW
Washington, DC 20463

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

11/01/14 11:11:03 AM

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

10/27/14
 DATE PREPARED