

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 DENVER CO 80202 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00575118 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 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 09 / 29 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CONSERVATIVE LIBERTY COALITION

Report Covering the Period: From: / / To: / /

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

Write or Type Committee Name

CONSERVATIVE LIBERTY COALITION

Report Covering the Period: From: / / To: / /

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

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

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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: (check only one)	PAGE 6 OF 20
<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)
CONSERVATIVE LIBERTY COALITION

A. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

B. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

C. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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).....	300.00
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: (check only one)	PAGE 7 OF 20
<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 LIBERTY COALITION

A. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

B. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

C. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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).....	300.00
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: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE LIBERTY COALITION

A. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

B. Bentley, MaryAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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

C. Buhler, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 M / D 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: (check only one)	PAGE 9 OF 20
<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 LIBERTY COALITION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McManus, Jim, , ,		Date of Receipt MM / DD / YYYY 04 / 15 / 2017
Mailing Address PO Box 369 161 Blackwall Ct		Transaction ID : SA11AI.4661
City Boca Grande	State FL	Zip Code 33921-0369
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Comm. Real Estate	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Millard, Justin Wilson, , ,		Date of Receipt MM / DD / YYYY 03 / 02 / 2017
Mailing Address 516 W Briar Pl Apt. 11C		Transaction ID : SA11AI.4358
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Unemployed	Occupation (for Individual) Unemployed	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Reznick, Melvyn, , ,		Date of Receipt MM / DD / YYYY 06 / 20 / 2017
Mailing Address 4282 Pasadero Pl		Transaction ID : SA11AI.4552
City Tarzana	State CA	Zip Code 91356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self	Occupation (for Individual) Real estate	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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

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

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

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

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

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).....▶	60.00
TOTAL This Period (last page this line number only).....▶	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
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 LIBERTY COALITION

A. Amagi Strategies
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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
01		18		2017

Transaction ID : SA15.4683

Amount of Each Receipt this Period
1000.00

Memo Item
Refund post election

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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"/> 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 Strategies

Mailing Address 424 10 St
#4C

City New York State NY Zip Code 10009

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
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 Hornaday

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement
Legal and compliance

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
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 Hornaday

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement
Legal and Compliance

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
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 Page

FOR LINE NUMBER:
(check only one)

<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 Hornaday

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement Legal and Compliance
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) a

Date of Disbursement 03 / 10 / 2017

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

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement Legal and Compliance
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify)

Date of Disbursement 04 / 10 / 2017

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

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement Legal and Compliance
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify)

Date of Disbursement 05 / 10 / 2017

FEC Identification Number C
Transaction ID : SB21B.4692
Amount of Each Disbursement this Period 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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"/> 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
06		10		2017

Mailing Address 1624 Market St
ste 202

City Denver State CO Zip Code 80202

Purpose of Disbursement
Legal and Compliance

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.4693
Amount of Each Disbursement this Period
500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2017

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank fees inadvertently unreported in 2016

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.4721
Amount of Each Disbursement this Period
606.02

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2017

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fees

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.4707
Amount of Each Disbursement this Period
82.50

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

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

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

1188.52

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**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"/> 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		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017	
Mailing Address 420 Montgomery Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4705 Amount of Each Disbursement this Period [REDACTED] 134.00	
City San Francisco	State CA	Zip Code 94104	Category/ Type 001
Purpose of Disbursement Bank Fee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) B. Wells Fargo	
Mailing Address 420 Montgomery Ave		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
City San Francisco	State CA	Zip Code 94104	Category/ Type 001
Purpose of Disbursement Bank Fee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:	Full Name (Last, First, Middle Initial) C. Wells Fargo		
Mailing Address 420 Montgomery Ave		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017	
City San Francisco	State CA	Zip Code 94104	Category/ Type 001
Purpose of Disbursement Bank Fees		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 126.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:	SUBTOTAL of Disbursements This Page (optional)..... ▶		
TOTAL This Period (last page this line number only)..... ▶		[REDACTED] 335.99	

**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"/> 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 Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4701
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4700
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4699
Amount of Each Disbursement this Period

Memo Item

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

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"/> 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 Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4698
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4697
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 420 Montgomery Ave

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4695
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION
FEC IDENTIFICATION NUMBER C C00575118

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content Writing, List license, send fees
Category/Type 004
Date of Public Distribution/Dissemination 02/01/2017
Amount 2000.00
Transaction ID: SE.4717
Date of Disbursement or Obligation 02/01/2017
Name of Federal Candidate: Kaine, Timothy Michael, , ,
Office Sought: Senate State: VA
Disbursement For: General 2018

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content Writing, List License, Send fees
Category/Type 004
Date of Public Distribution/Dissemination 03/01/2017
Amount 3000.00
Transaction ID: SE.4713
Date of Disbursement or Obligation 03/01/2017
Name of Federal Candidate: Warren, Elizabeth, , ,
Office Sought: Senate State: MP
Disbursement For: Primary 2018

(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.

Hornaday, Alexander, , , [Electronically Filed] Date 09/29/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION
FEC IDENTIFICATION NUMBER C C00575118

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content Writing, list license, send fees
Category/Type 004
Date of Public Distribution/Dissemination 04/06/2017
Amount 3000.00
Transaction ID: SE.4723
Date of Disbursement or Obligation 04/01/2017
Name of Federal Candidate: CRUZ, RAFAEL EDWARD TED, , ,
Support Oppose Office Sought: House District: 00 President Senate State: TX
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content Writing, Email List license, marketing send fees
Category/Type 004
Date of Public Distribution/Dissemination 04/05/2017
Amount 7000.00
Transaction ID: SE.4708
Date of Disbursement or Obligation 04/05/2017
Name of Federal Candidate: GIANFORTE, GREG, , ,
Support Oppose Office Sought: House District: 01 President Senate State: MT
Disbursement For: Primary General 2017 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.

Hornaday, Alexander, , ,

[Electronically Filed]

Date

09/29/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE LIBERTY COALITION
FEC IDENTIFICATION NUMBER C C00575118

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content Writing, Email list license, marketing send fees
Category/Type 004
Date of Public Distribution/Dissemination 04/14/2017
Amount 3000.00
Transaction ID: SE.4710
Date of Disbursement or Obligation 04/14/2017

Name of Federal Candidate: HANDEL, KAREN CHRISTINE, ,
Support Oppose
Office Sought: House District: 06
President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 3000.00
Disbursement For: Primary General 2017
Other (specify) Special-General

Full Name of Payee Amagi Strategies
Mailing Address 424 10 St #4C
City New York State NY Zip Code 10009
Purpose of Expenditure Content writing, email list license, send fees
Category/Type 004
Date of Public Distribution/Dissemination 05/01/2017
Amount 2000.00
Transaction ID: SE.4715
Date of Disbursement or Obligation 05/01/2017

Name of Federal Candidate: BALDWIN, TAMMY, ,
Support Oppose
Office Sought: House District: 00
President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 2000.00
Disbursement For: Primary General 2018
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.

Hornaday, Alexander, , [Electronically Filed] Date 09/29/2017
Signature