

# 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 MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

Check if different than previously reported. (ACC)

ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00524454

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on 11 / 06 / 2018 in the State of  

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

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

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10 / 24 / 2018

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 MAJORITY FUND**

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="2018"/>	<input type="text" value=""/>	<input type="text" value="43517.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26142.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17281.78"/>	<input type="text" value="248092.41"/>
(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="43424.38"/>	<input type="text" value="291609.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11416.31"/>	<input type="text" value="259601.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32008.07"/>	<input type="text" value="32008.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="23319.75"/>	

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 MAJORITY FUND

Report Covering the Period: From: 10 / 01 / 2018 To: 10 / 17 / 2018

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).....	4980.00	33792.00
(ii) Unitemized .....	12301.78	214300.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17281.78	248092.41
(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) .....	17281.78	248092.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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)).....▶	17281.78	248092.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17281.78	248092.41

**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 .....	8230.76	100682.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8230.76	100682.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E) .....	723.99	79318.06
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 .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2461.56	77100.77
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)) ..	11416.31	259601.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11416.31	259601.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17281.78	248092.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17281.78	248092.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8230.76	100682.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8230.76	100682.66

**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 26
<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 MAJORITY FUND**

**A. ALLYN 986, JAMES F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 W MCKINLEY ST

City GOLDENDALE	State WA	Zip Code 98620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A&A BUILDING SUPPLY CO	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 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
10		15		2018

**Transaction ID : SA11AI.13437**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. ANDERSON 628, CURTIS G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 W MAIN ST

City FAIRFIELD	State IL	Zip Code 62837
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		17		2018

**Transaction ID : SA11AI.13443**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ARCHER 774, LYNNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2018

**Transaction ID : SA11AI.13448**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 7 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ARCHER 774, LYNNE, , MS,**

Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2018

**Transaction ID : SA11AI.13449**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ARNOLD 492, FLORENCE M, , MS,**

Mailing Address 231 N MANNING ST

City HILLSDALE	State MI	Zip Code 49242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2018

**Transaction ID : SA11AI.13452**

Amount of Each Receipt this Period  
15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. AYERS 618, HELEN Z, , MS,**

Mailing Address 724 E 1000 NORTH RD

City BEMENT	State IL	Zip Code 61813
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		11		2018

**Transaction ID : SA11AI.13459**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<b>TOTAL</b> 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 26
	<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 MAJORITY FUND**

**A. BAILEY 805, MYRTLE, , MS,**  
Mailing Address 2917 GARRETT DR

City FORT COLLINS	State CO	Zip Code 80526
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt  
10 / 01 / 2018  
**Transaction ID : SA11AI.13464**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. BEASON 773, JOHN W, , MR,**  
Mailing Address 1440 BRAZOS DR APT 159

City HUNTSVILLE	State TX	Zip Code 77320
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Date of Receipt  
10 / 11 / 2018  
**Transaction ID : SA11AI.13480**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. BENTLEY 522, RONALD J, , MR,**  
Mailing Address 108 EMMONS ST

City HIAWATHA	State IA	Zip Code 52233
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) BVENTLY INCORPORATED		Occupation (for Individual) BUSINESS OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
10 / 05 / 2018  
**Transaction ID : SA11AI.13486**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> 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 26
<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 MAJORITY FUND**

**A. BOATES 372, MARSHALL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 101274

City NASHVILLE	State TN	Zip Code 37224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARSHALL RECKER SERVICE	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2018

**Transaction ID : SA11AI.13497**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. BOYLE 986, SHARON M, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9701 NW 28TH AVE

City VANCOUVER	State WA	Zip Code 98665
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2018

**Transaction ID : SA11AI.13511**

Amount of Each Receipt this Period  
205.00

Memo Item

**C. BROWNING 028, ROBERT S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 GREENWICH AVE APT C212

City WARWICK	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DISCHARGED FROM ARMY	Occupation (for Individual) DISABLED VET
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2018

**Transaction ID : SA11AI.13522**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> 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 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CHANDLER 370, JAMES, , MR,**

Mailing Address 1753 OAK PLAINS RD

City ASHLAND CITY	State TN	Zip Code 37015
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : SA11AI.13569**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. COMPTON 836, JOY A, , MRS,**

Mailing Address 7014 N SPURWING WAY

City MERIDIAN	State ID	Zip Code 83646
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

**Transaction ID : SA11AI.13574**

Amount of Each Receipt this Period  
205.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. COTHRAN 786, BRENDA, , MS,**

Mailing Address 132 CASA LOMA CIR

City GEORGETOWN	State TX	Zip Code 78633
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REALTOR
--	--

Receipt For:  
 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
10	/	15	/	2018

**Transaction ID : SA11AI.13581**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> 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 11 OF 26
<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 MAJORITY FUND**

**A. COURTALIS 212, DESPINA, , MS,**  
Mailing Address 10139 FONTAINE DR

City BALTIMORE	State MD	Zip Code 21234
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
10 / 12 / 2018  
Transaction ID : SA11AI.13582

Amount of Each Receipt this Period  
100.00

Memo Item

**B. DICK 280, KATHY L, , MR,**  
Mailing Address 43650 RUMMAGE RD

City ALBEMARLE	State NC	Zip Code 28001
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
10 / 08 / 2018  
Transaction ID : SA11AI.13606

Amount of Each Receipt this Period  
75.00

Memo Item

**C. GAVIN 334, NORMAN, , MR,**  
Mailing Address 364 EAGLE DR

City JUPITER	State FL	Zip Code 33477
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
10 / 08 / 2018  
Transaction ID : SA11AI.13671

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 12 OF 26
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. GEORGE 891, WILLIAM S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9513 BALLINDARRY AVE

City LAS VEGAS	State NV	Zip Code 89129
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : SA11AI.13673**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. GREGERSEN 773, FREDDIE R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30406 COMMONS SCENIC VIEW DR

City HUFFMAN	State TX	Zip Code 77336
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		17		2018

**Transaction ID : SA11AI.13685**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. GRIFFITH 330, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1178 GRANT ST

City HOLLYWOOD	State FL	Zip Code 33019
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		01		2018

**Transaction ID : SA11AI.13686**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. HEMANN 662, MARY LOU, , MS,**

Mailing Address 4508 W 139TH ST

City OVERLAND PARK	State KS	Zip Code 66224
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10	/	10	/	2018

**Transaction ID : SA11AI.13719**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. KOHLER 620, PEGGY L, , ,**

Mailing Address 5217 WILLIS AVE

City GODFREY	State IL	Zip Code 62035
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10	/	03	/	2018

**Transaction ID : SA11AI.13798**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. KUBALL 491, VIRGINIA L, , MS,**

Mailing Address 3017 JOHNSON RD  
LOT 4

City STEVENSVILLE	State MI	Zip Code 49127
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10	/	05	/	2018

**Transaction ID : SA11AI.13810**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 14 OF 26
	<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 MAJORITY FUND**

**A. LOCKE 043, SARAH, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12

City JEFFERSON	State ME	Zip Code 04348
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		15		2018

**Transaction ID : SA11AI.13840**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MADERA 781, LELA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 GEORGE STRAIT

City CANYON LAKE	State TX	Zip Code 78133
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2018

**Transaction ID : SA11AI.13868**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. MIRAMONTES 919, ALFRED, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3917 AVENIDA PALO VERDE

City BONITA	State CA	Zip Code 91902
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A K ENTERPRISES	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 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
10		17		2018

**Transaction ID : SA11AI.13908**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 15 OF 26
	<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 MAJORITY FUND**

**A. MUNROE 015, WILLIAM, , MR,**  
Mailing Address 9 MAPLE ST

City UPTON	State MA	Zip Code 01568
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) CAVIUM		Occupation (for Individual) CUSTOMER SERVICE REPRESEN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>400.00</b>

Date of Receipt  
**10 / 08 / 2018**  
**Transaction ID : SA11AI.13921**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. PANEBIANCO 112, SHIRLEY, , MS,**  
Mailing Address 8832 7TH AVE

City BROOKLYN	State NY	Zip Code 11228
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>400.00</b>

Date of Receipt  
**10 / 08 / 2018**  
**Transaction ID : SA11AI.13952**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. PATKOTAK 997, CRAWFORD, , MR,**  
Mailing Address PO BOX 1092

City BARROW	State AK	Zip Code 99723
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) FISHERMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**10 / 08 / 2018**  
**Transaction ID : SA11AI.13958**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 16 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 MAJORITY FUND**

**A. REETZ 531, BERNARD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1910 E SUNSET DR

City WAUKESHA	State WI	Zip Code 53189
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SCHOLL HEALTH CARE INC	Occupation (for Individual) SECURITY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2018

**Transaction ID : SA11AI.14002**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. REEVES 308, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4206 RIVERSIDE DR

City EVANS	State GA	Zip Code 30809
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		09		2018

**Transaction ID : SA11AI.14003**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. RITTER 070, LARRY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 W MY PLEASANT AVR

City LIVINGSTON	State NJ	Zip Code 07039
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ISRAEL TOUR CONNECTION	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 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
10		15		2018

**Transaction ID : SA11AI.14014**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 17 OF 26
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. SAHDALA 330, ROBERT M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9521 JOHNSON ST

City HOLLYWOOD	State FL	Zip Code 33024
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2018

**Transaction ID : SA11AI.14035**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SHATTUCK 132, TERESA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 367 HICKOK AVE

City SYRACUSE	State NY	Zip Code 13206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WESTLAND CO	Occupation (for Individual) SALESMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : SA11AI.14074**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. SHAW 024, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 LANGDON ST

City NEWTON	State MA	Zip Code 02458
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 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
10		04		2018

**Transaction ID : SA11AI.14075**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 18 OF 26
	<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 MAJORITY FUND**

**A. SKINNER 386, RALPH, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 COUNTY ROAD 700

City BLUE MOUNTAIN	State MS	Zip Code 38610
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALESMAN
--	---

Receipt For:  
 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  
 10 / 01 / 2018  
**Transaction ID : SA11AI.14086**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. STAGLIANO 194, ANTHONY, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 PLYMOUTH RD

City PLYMOUTH MEETING	State PA	Zip Code 19462
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CPIZ CEE BIZ	Occupation (for Individual) CPA
---	------------------------------------

Receipt For:  
 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  
 10 / 15 / 2018  
**Transaction ID : SA11AI.14110**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. STEL 917, WILLIAM G, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15805 E KINGSIDE DR

City COVINA	State CA	Zip Code 91722
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PORT OF LA HARBOR DEPT	Occupation (for Individual) ELECTRONICS TECHNICIAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2018  
**Transaction ID : SA11AI.14123**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 19 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. TRAVERS 320, DOROTHY M, , MS,**  
Mailing Address 9780 PRESTON TRL W

City PONTE VEDRA	State FL	Zip Code 32082
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
10 / 05 / 2018  
**Transaction ID : SA11AI.14166**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. VANHORN 206, BRUCE, , MR,**  
Mailing Address 2432 PINEFIELD RD

City WALDORF	State MD	Zip Code 20601
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
10 / 15 / 2018  
**Transaction ID : SA11AI.14184**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WOTIPKA 553, LINDA, , MS,**  
Mailing Address 1205 DICKENSON ST

City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) L A WOTIPKA ENTERPRISES INC		Occupation (for Individual) BUILDING INSPECTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
10 / 11 / 2018  
**Transaction ID : SA11AI.14225**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	4980.00

**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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

Mailing Address 1920 MCKINNEY AVE  
7th FLOOR

FEC Identification Number

**C** C00524454

City DALLAS State TX Zip Code 75201

**Transaction ID : SB21B.14262**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

**001**

210.17

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. BAKER HOSTETLER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2018

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

FEC Identification Number

**C** C00524454

City WASHINGTON State DC Zip Code 20036

**Transaction ID : SB21B.14248**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
LEGAL FEES

**001**

2500.00

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00524454

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.1425t**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE DISCOUNT FEE

**001**

35.69

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

2745.86

**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 MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 10 / 04 / 2018		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: MERCHANT SERVICE INTERCHNG FEE				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C00524454  
**Transaction ID : SB21B.14251**  
Amount of Each Disbursement this Period  
367.73

Full Name (Last, First, Middle Initial) <b>B. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 10 / 04 / 2018		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: MERCHANT SERVICE FEE				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C00524454  
**Transaction ID : SB21B.14252**  
Amount of Each Disbursement this Period  
228.63

Full Name (Last, First, Middle Initial) <b>C. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 10 / 10 / 2018		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: USA ePAY FEE				Category/ Type 001	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>					
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:		<input type="checkbox"/> Memo Item			

FEC Identification Number  
C00524454  
**Transaction ID : SB21B.14253**  
Amount of Each Disbursement this Period  
20.00

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	616.36
<b>TOTAL</b> 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 MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.14254</b>	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS FEE			Amount of Each Disbursement this Period 160.43	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>B. HINES DIGITAL</b>			Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 6 HOLLIBEN CT				
City SEVERNA PARK	State MD	Zip Code 21146	FEC Identification Number C00524454 <b>Transaction ID : SB21B.14263</b>	
Purpose of Disbursement LIST RENTALS			Amount of Each Disbursement this Period 1768.72	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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:	Category/Type 003			

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>			Date of Disbursement MM / DD / YYYY 10 / 11 / 2018	
Mailing Address 325 SPRINGSIDE DRIVE				
City AKRON	State OH	Zip Code 44333	FEC Identification Number C00524454 <b>Transaction ID : SB21B.14254</b>	
Purpose of Disbursement PHONE BANK: VOTER CONTACT CALLS			Amount of Each Disbursement this Period 3619.94	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
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:	Category/Type 003			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5549.09
<b>TOTAL</b> 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 MAJORITY FUND**

**A. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 SPRINGSIDE DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT CALLS

003
Category/ Type

C C00524454  
**Transaction ID : SB21B.14257**

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Amount of Each Disbursement this Period

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

- 3619.94
-----------

State: District:

Memo Item

**B. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 SPRINGSIDE DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT CALLS

003
Category/ Type

C C00524454  
**Transaction ID : SB21B.14258**

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Amount of Each Disbursement this Period

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

434.39
--------

State: District:

Memo Item

**C. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

M M M	/	D D D	/	Y Y Y Y Y
10		01		2018

City ARLINGTON State VA Zip Code 22206

FEC Identification Number

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001
Category/ Type

C C00524454  
**Transaction ID : SB21B.14245**

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Amount of Each Disbursement this Period

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

2500.00
---------

State: District:

Memo Item

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

- 685.55
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**TOTAL** This Period (last page this line number only)..... ▶

8225.76
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. INFOCISION MANAGEMENT CORP**

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement PHONE BANK - SUPPORT PRESIDENT & KAVANAUGH

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: C00524454  
Transaction ID : SB29.14260

Amount of Each Disbursement this Period: 2461.56

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2461.56
<b>TOTAL</b> This Period (last page this line number only).....▶	2461.56



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INFOCISION MANAGEMENT CORP</b>			Nature of Debt (Purpose): <b>TELEMARKETING SERVICES</b>
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="26939.69"/>	Transaction ID : <b>SD10.4101</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3619.94"/>	Outstanding Balance at Close of This Period <input type="text" value="23319.75"/>

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 <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="23319.75"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="23319.75"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="23319.75"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

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

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure PHONE BANK - VOTER CONTACT CALLS
Category/Type 004
Date of Public Distribution/Dissemination 03 / 12 / 2018
Amount 723.99
Transaction ID : SE.14259
Date of Disbursement or Obligation 10 / 11 / 2018

Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 723.99, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 723.99

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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 24 / 2018

Signature