

**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

Keep Conservatives United

ADDRESS (number and street)

PO Box 97275

Check if different  
than previously  
reported. (ACC)

Raleigh

NC

27624

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00499525

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

McMichael, Collin, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McMichael, Collin, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Keep Conservatives United

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		5117.80
(b) Cash on Hand at Beginning of Reporting Period.....	5117.80	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5117.80	5117.80
7. Total Disbursements (from Line 31).....	5117.80	5117.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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 20463Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Keep Conservatives United

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
06 / 30 / 2023**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 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)) .....

0.00

0.00

## 20. Total Federal Receipts

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

0.00

0.00

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5117.80	5117.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5117.80	5117.80
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) .....	0.00	0.00
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 .....	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).....	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)) ..	5117.80	5117.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5117.80	5117.80

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	5117.80	5117.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	5117.80	5117.80

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

Form/Schedule: F3XT  
Transaction ID :

Bob Harris is deceased and as such all loans have been forgiven. All remaining proceeds were distributed to his choice of charity.

Form/Schedule:  
Transaction ID:

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

PAGE 7 OF 17

<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)

Keep Conservatives United

Full Name (Last, First, Middle Initial)

**A. CM&Co, LLC**

Mailing Address PO Box 97275

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4498

Amount of Each Disbursement this Period

386.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Muscular Dystrophy Association**

Mailing Address WEB PO Box 97075

City  
WashingtonState  
DCZip Code  
20090Purpose of Disbursement  
Donation

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4499

Amount of Each Disbursement this Period

4731.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

5117.80

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

5117.80

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4189

Keep Conservatives United

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Harris, Bob, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3806 Lassiter Mill Rd

City

Raleigh

State

NC

ZIP Code

27609

Original Amount of Loan

14000.00

Cumulative Payment To Date

10500.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 17 / 2012

Date Due

M M / D D / Y Y Y Y

ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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

Form/Schedule: SC/10

Transaction ID : SC/10.4189

(Current loan amount of 3500.00 from a balance of 3500.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4296

Keep Conservatives United

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Harris, Bob, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3806 Lassiter Mill Rd

City

Raleigh

State

NC

ZIP Code

27609

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 21 / 2014

Date Due

M M / D D / Y Y Y Y

ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4296

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4352

Keep Conservatives United

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Harris, Bob, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3806 Lassiter Mill Rd

City

Raleigh

State

NC

ZIP Code

27609

Original Amount of Loan

32000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 20 / 2014

Date Due

M M / D D / Y Y Y Y

ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4352

(Current loan amount of 32000.00 from a balance of 32000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4377

Keep Conservatives United

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Harris, Bob, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3806 Lassiter Mill Rd

City

Raleigh

State

NC

ZIP Code

27609

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 02 / 2014

Date Due

M M / D D / Y Y Y Y

ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4377

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Form/Schedule:

Transaction ID:

## SCHEDULE C (FEC Form 3X)

## LOANS

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

PAGE 16 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4428

Keep Conservatives United

LOAN SOURCE Full Name (Last, First, Middle Initial)  
Harris, Bob, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3806 Lassiter Mill Rd

City

Raleigh

State

NC

ZIP Code

27609

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

## TERMS

Date Incurred

M M / D D / Y Y Y Y  
08 / 13 / 2014

Date Due

M M / D D / Y Y Y Y

ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4428

(Current loan amount of 12000.00 from a balance of 12000.00 has been forgiven)

Form/Schedule:

Transaction ID: