

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 ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER C00524454 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 07 / 01 / 2017 through 12 / 31 / 2017

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 01 / 29 / 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)

Page 2

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="2017"/>	<input type="text" value=""/>	<input type="text" value="81594.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29899.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="231264.05"/>	<input type="text" value="723259.61"/>
(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="261163.54"/>	<input type="text" value="804853.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="217646.39"/>	<input type="text" value="761336.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43517.15"/>	<input type="text" value="43517.15"/>
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="19000.00"/>	

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 MAJORITY FUND

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).....	54807.00	83876.00
(ii) Unitemized	175734.92	638661.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	230541.92	722537.48
(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)	230541.92	722537.48
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.).....	722.13	722.13
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)).....▶	231264.05	723259.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	231264.05	723259.61

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	57302.54	232352.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	57302.54	232352.85
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)	36765.18	36765.18
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).....	123578.67	492218.61
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)) ..	217646.39	761336.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	217646.39	761336.64

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)	230541.92	722537.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	230541.92	722537.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	57302.54	232352.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	57302.54	232352.85

**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 218
<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 MAJORITY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AHLBUM 330, JON S, , MR,

Mailing Address 660 NW 49TH AVE

City COCONUT CREEK	State FL	Zip Code 33063
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) THE AHLBUM GROUP	Occupation (for Individual) BUSINESS OWNER
---	---

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
09	/	28	/	2017

Transaction ID : SA11AI.25375

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AHLBUM 330, JON S, , MR,

Mailing Address 660 NW 49TH AVE

City COCONUT CREEK	State FL	Zip Code 33063
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) THE AHLBUM GROUP	Occupation (for Individual) BUSINESS OWNER
---	---

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	/	12	/	2017

Transaction ID : SA11AI.25376

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AHLBUM 330, JON S, , MR,

Mailing Address 660 NW 49TH AVE

City COCONUT CREEK	State FL	Zip Code 33063
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE AHLBUM GROUP	Occupation (for Individual) BUSINESS OWNER
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : SA11AI.25377

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 7 OF 218
	(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. AINSWORTH 778, INEZ S, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1313 FM 1940

City FRANKLIN	State TX	Zip Code 77856
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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 ▼
230.00

Date of Receipt

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

Transaction ID : SA11AI.25379

Amount of Each Receipt this Period
40.00

Memo Item

B. ALLEN 480, ROSEMARY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32458 NEWCASTLE DR

City WARREN	State MI	Zip Code 48093
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2017

Transaction ID : SA11AI.25410

Amount of Each Receipt this Period
50.00

Memo Item

C. ALSTADT 151, NANCY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1918 FRANKLIN PL

City MOON TOWNSHIP	State PA	Zip Code 15108
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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
07		04		2017

Transaction ID : SA11AI.25422

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 218
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALSTADT 151, NANCY A, , MS,
Mailing Address 1918 FRANKLIN PL

City MOON TOWNSHIP State PA Zip Code 15108

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
08 / 07 / 2017
Transaction ID : SA11AI.25423

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALSTADT 151, NANCY A, , MS,
Mailing Address 1918 FRANKLIN PL

City MOON TOWNSHIP State PA Zip Code 15108

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 ▼
500.00

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.25424

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALTHOUSE 741, CHARLES R, , MR,
Mailing Address 6228 E OKLAHOMA ST

City TULSA State OK Zip Code 74115

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
09 / 26 / 2017
Transaction ID : SA11AI.25433

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 218
	<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. ALTHOUSE 741, CHARLES R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6228 E OKLAHOMA ST

City TULSA	State OK	Zip Code 74115
---------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.25434

Amount of Each Receipt this Period
50.00

Memo Item

B. ALTHOUSE 741, CHARLES R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6228 E OKLAHOMA ST

City TULSA	State OK	Zip Code 74115
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : SA11AI.25435

Amount of Each Receipt this Period
50.00

Memo Item

C. 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
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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
08	/	24	/	2017

Transaction ID : SA11AI.25478

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 10 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. 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
 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 12 / 05 / 2017
Transaction ID : SA11AI.25479
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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
 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 10 / 02 / 2017
Transaction ID : SA11AI.25508
 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
 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 ▼ 750.00

Date of Receipt 10 / 02 / 2017
Transaction ID : SA11AI.25509
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 11 OF 218
	<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. 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) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
11 / 17 / 2017
Transaction ID : SA11AI.25510

Amount of Each Receipt this Period
350.00

Memo Item

B. AUGUST 800, GLORIA T, , MS,
Mailing Address 536 HOPTREE CT

City LOUISVILLE	State CO	Zip Code 80027
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) WRITER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 03 / 2017
Transaction ID : SA11AI.25554

Amount of Each Receipt this Period
100.00

Memo Item

C. AUGUST 800, GLORIA T, , MS,
Mailing Address 536 HOPTREE CT

City LOUISVILLE	State CO	Zip Code 80027
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) WRITER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
08 / 03 / 2017
Transaction ID : SA11AI.25555

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 12 OF 218
	<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. AUGUST 800, GLORIA T, , MS,
Mailing Address 536 HOPTREE CT

City LOUISVILLE	State CO	Zip Code 80027
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) WRITER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2017
Transaction ID : SA11AI.25556

Amount of Each Receipt this Period
100.00

Memo Item

B. BAKER 577, DAN W, , MR,
Mailing Address 325 STUMER RD

City RAPID CITY	State SD	Zip Code 57701
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2017
Transaction ID : SA11AI.24563

Amount of Each Receipt this Period
100.00

Memo Item

C. BARGO 606, DENISE, , MRS,
Mailing Address 5137 N MASON AVE

City CHICAGO	State IL	Zip Code 60630
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) NOT EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2017
Transaction ID : SA11AI.24384

Amount of Each Receipt this Period
100.00

Memo Item

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 13 OF 218
	<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	

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 MAJORITY FUND

A. BARIONI 853, GEORGIA, , MS,
Mailing Address 22202 N 87TH AVE

City PEORIA	State AZ	Zip Code 85383
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DESERT FOX LABOR SERVICES INC		Occupation (for Individual) PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2017
Transaction ID : SA11AI.24389

Amount of Each Receipt this Period
150.00

Memo Item

B. BARTOL 801, PAMELA B, , MS,
Mailing Address 15851 BRIDLE RIDGE DR

City MONUMENT	State CO	Zip Code 80132
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2017
Transaction ID : SA11AI.24409

Amount of Each Receipt this Period
50.00

Memo Item

C. BARTOL 801, PAMELA B, , MS,
Mailing Address 15851 BRIDLE RIDGE DR

City MONUMENT	State CO	Zip Code 80132
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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2017
Transaction ID : SA11AI.24410

Amount of Each Receipt this Period
200.00

Memo Item

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 14 OF 218
	<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. BARTOL 801, PAMELA B, , MS,
Mailing Address 15851 BRIDLE RIDGE DR

City MONUMENT	State CO	Zip Code 80132
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 ▼ 850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2017
Transaction ID : SA11AI.24411

Amount of Each Receipt this Period
200.00

Memo Item

B. BARTRUFF 949, DAVID B, , MR,
Mailing Address 105 DEER HOLLOW RD

City SAN ANSELMO	State CA	Zip Code 94960
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 ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2017
Transaction ID : SA11AI.24412

Amount of Each Receipt this Period
100.00

Memo Item

C. BATES 352, BRENDA L, , MS,
Mailing Address 1847 S LAKESHORE DR

City BIRMINGHAM	State AL	Zip Code 35216
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
M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2017
Transaction ID : SA11AI.24422

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 15 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BEAL 662, TOM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 W 86TH ST
 City PRAIRIE VILLAGE State KS Zip Code 66207
 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 **07 / 27 / 2017**
Transaction ID : SA11AI.24440
 Amount of Each Receipt this Period 100.00
 Memo Item

B. BEAL 662, TOM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 W 86TH ST
 City PRAIRIE VILLAGE State KS Zip Code 66207
 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 ▼ 375.00

Date of Receipt **11 / 15 / 2017**
Transaction ID : SA11AI.24441
 Amount of Each Receipt this Period 100.00
 Memo Item

C. BEALE 444, PATRICIA R, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1173 RIDGE LAKE DR
 City MINERAL RIDGE State OH Zip Code 44440
 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 **08 / 04 / 2017**
Transaction ID : SA11AI.24442
 Amount of Each Receipt this Period 100.00
 Memo Item

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 16 OF 218
<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. BEASON 773, JOHN W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 BRAZOS DR APT 159

City HUNTSVILLE	State TX	Zip Code 77320
--------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2017

Transaction ID : SA11AI.24447

Amount of Each Receipt this Period
500.00

Memo Item

B. BEASON 773, JOHN W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 BRAZOS DR APT 159

City HUNTSVILLE	State TX	Zip Code 77320
--------------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : SA11AI.24448

Amount of Each Receipt this Period
300.00

Memo Item

C. BECKWITH 922, KAREN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46623 ARAPAHOE UNIT A

City INDIAN WELLS	State CA	Zip Code 92210
----------------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA11AI.24456

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 17 OF 218
	<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. BENTLEY 522, RONALD J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 EMMONS ST

City HIAWATHA	State IA	Zip Code 52233
------------------	-------------	-------------------

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

Name of Employer (for Individual) BENTLEY INCORPORATED	Occupation (for Individual) BUSINESS OWNER
---	---

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
07		05		2017

Transaction ID : SA11AI.24599

Amount of Each Receipt this Period
100.00

Memo Item

B. BENTLEY 522, RONALD J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 EMMONS ST

City HIAWATHA	State IA	Zip Code 52233
------------------	-------------	-------------------

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

Name of Employer (for Individual) BENTLEY INCORPORATED	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 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
10		05		2017

Transaction ID : SA11AI.24600

Amount of Each Receipt this Period
100.00

Memo Item

C. BERGMAN 631, JAN F, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7356 CORNELL AVE

City SAINT LOUIS	State MO	Zip Code 63130
---------------------	-------------	-------------------

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
11		06		2017

Transaction ID : SA11AI.24616

Amount of Each Receipt this Period
100.00

Memo Item

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 18 OF 218
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BERKEY 080, DORIS V, , MRS,		Date of Receipt MM / DD / YYYY 07 / 25 / 2017 Transaction ID : SA11AI.24617
Mailing Address 19 ELM DR		Amount of Each Receipt this Period 100.00
City SICKLERVILLE	State NJ	Zip Code 08081
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BERKEY 080, DORIS V, , MRS,		Date of Receipt MM / DD / YYYY 08 / 01 / 2017 Transaction ID : SA11AI.24618
Mailing Address 19 ELM DR		Amount of Each Receipt this Period 50.00
City SICKLERVILLE	State NJ	Zip Code 08081
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BERRY 112, YVONNE R, , MS,		Date of Receipt MM / DD / YYYY 09 / 27 / 2017 Transaction ID : SA11AI.24626
Mailing Address 1019 VAN SICLEN AVE APT 5J		Amount of Each Receipt this Period 125.00
City BROOKLYN	State NY	Zip Code 11207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 19 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BERRY 112, YVONNE R, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE
 APT 5J

City BROOKLYN State NY Zip Code 11207

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 ▼
 625.00

Date of Receipt
 11 / 15 / 2017
Transaction ID : SA11AI.24627

Amount of Each Receipt this Period
 125.00

Memo Item

B. BILLINGS 700, KATHERINE W, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 502 LAVOISIER ST

City GRETNA State LA Zip Code 70053

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
 09 / 25 / 2017
Transaction ID : SA11AI.24647

Amount of Each Receipt this Period
 100.00

Memo Item

C. BIRCHMEIER 141, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1477 SUNRISE LN

City YOUNGSTOWN State NY Zip Code 14174

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
 07 / 21 / 2017
Transaction ID : SA11AI.24660

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 20 OF 218
	(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. BIRCHMEIER 141, WILLIAM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1477 SUNRISE LN

City YOUNGSTOWN	State NY	Zip Code 14174
--------------------	-------------	-------------------

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		23		2017

Transaction ID : SA11AI.24661

Amount of Each Receipt this Period
100.00

Memo Item

B. BLALOCK 797, MARITHA, , Mrs,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3717 STATE HIGHWAY 137

City STANTON	State TX	Zip Code 79782
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BLALOCK RANCH	Occupation (for Individual) RANCHER
--	--

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		03		2017

Transaction ID : SA11AI.24695

Amount of Each Receipt this Period
250.00

Memo Item

C. BLAND 737, JUANITA M, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2518 WATERFORD CT

City ENID	State OK	Zip Code 73703
--------------	-------------	-------------------

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
11		06		2017

Transaction ID : SA11AI.24696

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 21 OF 218
	<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. BLOOM 910, CAROL, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 E ARTHUR AVE

City ARCADIA	State CA	Zip Code 91006
-----------------	-------------	-------------------

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
07	/	10	/	2017

Transaction ID : SA11AI.24712

Amount of Each Receipt this Period
100.00

Memo Item

B. BLOOM 910, CAROL, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 E ARTHUR AVE

City ARCADIA	State CA	Zip Code 91006
-----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2017

Transaction ID : SA11AI.24713

Amount of Each Receipt this Period
100.00

Memo Item

C. BOERNER 780, HARVEY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 WEST ST

City COMFORT	State TX	Zip Code 78013
-----------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

Transaction ID : SA11AI.24743

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 22 OF 218
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOISTURE 705, RICHARD O, , MR,

Mailing Address 3041 ENGLEWOOD DR

City JENNINGS	State LA	Zip Code 70546
------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : SA11AI.24749

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOSIO 953, RICHARD, , MR,

Mailing Address 2236 CALIFORNIA AVE

City MODESTO	State CA	Zip Code 95358
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BOSIO & ASSOCIATES	Occupation (for Individual) CORPORATE OFFICER
---	--

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
07	/	19	/	2017

Transaction ID : SA11AI.24778

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOWE 294, JACQUELINE W, , MS,

Mailing Address 2 BISHOP GADSDEN WAY
UNIT 1018

City CHARLESTON	State SC	Zip Code 29412
--------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

Transaction ID : SA11AI.24795

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 23 OF 218
	<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

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 MAJORITY FUND

A. BRADBURY 223, JACQUELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 N VAN DORN ST

City ALEXANDRIA	State VA	Zip Code 22304
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CHERRYDALE HARDWARE	Occupation (for Individual) RETAIL
--	---------------------------------------

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
08		14		2017

Transaction ID : SA11AI.24824

Amount of Each Receipt this Period
100.00

Memo Item

B. BRADBURY 223, JACQUELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 N VAN DORN ST

City ALEXANDRIA	State VA	Zip Code 22304
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CHERRYDALE HARDWARE	Occupation (for Individual) RETAIL
--	---------------------------------------

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
11		14		2017

Transaction ID : SA11AI.24825

Amount of Each Receipt this Period
100.00

Memo Item

C. BRADLEY 774, SHARON, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3645 HENDERSON RANCH LN

City BELLVILLE	State TX	Zip Code 77418
-------------------	-------------	-------------------

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 ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

Transaction ID : SA11AI.24831

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 24 OF 218
<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. BRANNUM 773, CAROLINE, , MS,
Mailing Address 119 N ROCKFERN CT

City THE WOODLANDS	State TX	Zip Code 77380
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) LAWYER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 26 / 2017
Transaction ID : SA11AI.24855

Amount of Each Receipt this Period
200.00

Memo Item

B. BRENNAN 549, JOSEPHINE, , MS,
Mailing Address W10190 BIGHORN LN

City HANCOCK	State WI	Zip Code 54943
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 ▼ 230.00

Date of Receipt
12 / 19 / 2017
Transaction ID : SA11AI.24868

Amount of Each Receipt this Period
50.00

Memo Item

C. BREWER 730, DORIS, , MS,
Mailing Address 5901 SANDSAGE DR

City EDMOND	State OK	Zip Code 73034
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 ▼ 215.00

Date of Receipt
08 / 23 / 2017
Transaction ID : SA11AI.24880

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	365.00
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 25 OF 218
	<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. BREWER 730, DORIS, , MS,
Mailing Address 5901 SANDSAGE DR

City EDMOND	State OK	Zip Code 73034
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 ▼ 315.00

Date of Receipt
09 / 19 / 2017
Transaction ID : SA11AI.24881

Amount of Each Receipt this Period
100.00

Memo Item

B. BREWER 730, DORIS, , MS,
Mailing Address 5901 SANDSAGE DR

City EDMOND	State OK	Zip Code 73034
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 ▼ 365.00

Date of Receipt
11 / 16 / 2017
Transaction ID : SA11AI.24882

Amount of Each Receipt this Period
50.00

Memo Item

C. BREWER 730, DORIS, , MS,
Mailing Address 5901 SANDSAGE DR

City EDMOND	State OK	Zip Code 73034
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 ▼ 465.00

Date of Receipt
12 / 19 / 2017
Transaction ID : SA11AI.24883

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 26 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BRINKMAN 567, AUDREY M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 SNETTING DR
 City THIEF RIVER FALLS State MN Zip Code 56701
 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 ▼ 240.00

Date of Receipt: 12 / 18 / 2017
Transaction ID : SA11AI.24896
 Amount of Each Receipt this Period: 50.00
 Memo Item

B. BROWN 380, CLIFFORD A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 WILLIAM BLAYDES ST
 City ATOKA State TN Zip Code 38004
 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: 08 / 03 / 2017
Transaction ID : SA11AI.24938
 Amount of Each Receipt this Period: 100.00
 Memo Item

C. BROWN 380, CLIFFORD A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 WILLIAM BLAYDES ST
 City ATOKA State TN Zip Code 38004
 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: 11 / 03 / 2017
Transaction ID : SA11AI.24939
 Amount of Each Receipt this Period: 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 27 OF 218
	<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. BROWN 787, CHARLENE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3229 PARK HILLS DR

City AUSTIN	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

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
12	/	15	/	2017

Transaction ID : SA11AI.24971

Amount of Each Receipt this Period
100.00

Memo Item

B. BROWN 923, MARION D, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 W PIONEER AVE
SPC 155

City REDLANDS	State CA	Zip Code 92374
------------------	-------------	-------------------

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	/	02	/	2017

Transaction ID : SA11AI.24975

Amount of Each Receipt this Period
100.00

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

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.24979

Amount of Each Receipt this Period
100.00

Memo Item

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 28 OF 218
	<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. BURNS 747, GEORGE H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 FERGUSON RD

City HAWORTH	State OK	Zip Code 74740
-----------------	-------------	-------------------

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		02		2017

Transaction ID : SA11AI.25069

Amount of Each Receipt this Period
100.00

Memo Item

B. CACAO 950, ANTHONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 COYOTE ST

City MILPITAS	State CA	Zip Code 95035
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

Transaction ID : SA11AI.24369

Amount of Each Receipt this Period
247.00

Memo Item

C. CAIN 365, TOMMY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 142

City BAYOU LA BATRE	State AL	Zip Code 36509
------------------------	-------------	-------------------

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

Name of Employer (for Individual) WATERFRONT SEAFOOD CO INC	Occupation (for Individual) PRINCIPAL
--	--

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
08		22		2017

Transaction ID : SA11AI.25117

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	447.00
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 29 OF 218
	<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. CANNON 802, SUE M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6420 W LAKERIDGE RD

City LAKEWOOD	State CO	Zip Code 80227
------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : SA11AI.25148

Amount of Each Receipt this Period
100.00

Memo Item

B. CARLTON 338, CAREY F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1986

City SEBRING	State FL	Zip Code 33871
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CATTLE RANCHER
--	---

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	/	23	/	2017

Transaction ID : SA11AI.25179

Amount of Each Receipt this Period
200.00

Memo Item

C. CARRIKER 198, ANNE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1702 TALLEY RD

City WILMINGTON	State DE	Zip Code 19803
--------------------	-------------	-------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : SA11AI.25190

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 30 OF 218
<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. CARTER 391, LAURANCE W, , MR,
Mailing Address 521 N FIRST ST

City ROLLING FORK	State MS	Zip Code 39159
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) LABORER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00

Date of Receipt
07 / 17 / 2017
Transaction ID : SA11AI.25205

Amount of Each Receipt this Period
200.00

Memo Item

B. CARTER 391, LAURANCE W, , MR,
Mailing Address 521 N FIRST ST

City ROLLING FORK	State MS	Zip Code 39159
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) LABORER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 23 / 2017
Transaction ID : SA11AI.25206

Amount of Each Receipt this Period
200.00

Memo Item

C. CARTER 391, LAURANCE W, , MR,
Mailing Address 521 N FIRST ST

City ROLLING FORK	State MS	Zip Code 39159
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) LABORER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
10 / 16 / 2017
Transaction ID : SA11AI.25207

Amount of Each Receipt this Period
200.00

Memo Item

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: (check only one)	PAGE 31 OF 218
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CARTER 773, JUANITA, , MS,

Mailing Address 260 SPRING CREEK DR

City SHEPHERD AFB	State TX	Zip Code 77371
----------------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : SA11AI.25215

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CASEY 306, BECKY G, , MS,

Mailing Address 1761 A P ROPER RD

City GREENSBORO	State GA	Zip Code 30642
--------------------	-------------	-------------------

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
07	/	18	/	2017

Transaction ID : SA11AI.25228

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CASEY 306, BECKY G, , MS,

Mailing Address 1761 A P ROPER RD

City GREENSBORO	State GA	Zip Code 30642
--------------------	-------------	-------------------

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	/	18	/	2017

Transaction ID : SA11AI.25229

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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 32 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. CASWELL 600, MARGARET G, , MS,
Mailing Address 160 SHERIDAN RD

City KENILWORTH	State IL	Zip Code 60043
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PERSONAL INVESTOR
--	--

Receipt For:
 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
 11 / 06 / 2017
Transaction ID : SA11AI.25239

Amount of Each Receipt this Period
250.00

Memo Item

B. CHAVEZ 782, PAMELA, , MS,
Mailing Address 3618 BARRINGTON ST

City SAN ANTONIO	State TX	Zip Code 78217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CHAVEZ MD	Occupation (for Individual) MEDICAL
--	--

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
 07 / 07 / 2017
Transaction ID : SA11AI.25276

Amount of Each Receipt this Period
100.00

Memo Item

C. CHAVEZ 782, PAMELA, , MS,
Mailing Address 3618 BARRINGTON ST

City SAN ANTONIO	State TX	Zip Code 78217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CHAVEZ MD	Occupation (for Individual) MEDICAL
--	--

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
 08 / 30 / 2017
Transaction ID : SA11AI.25277

Amount of Each Receipt this Period
- 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 33 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. CHAVEZ 782, PAMELA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3618 BARRINGTON ST
 City SAN ANTONIO State TX Zip Code 78217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHAVEZ MD Occupation (for Individual) MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 30 / 2017
Transaction ID : SA11AI.25278
 Amount of Each Receipt this Period - 100.00
 Memo Item

B. CHRISTIAN 793, LILLIE E, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 899 FM 1731
 City FARWELL State TX Zip Code 79325
 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 11 / 06 / 2017
Transaction ID : SA11AI.25297
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CLARK 015, ROBERT P, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 CODERRE RD
 City BOYLSTON State MA Zip Code 01505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLARK MOTT CONSTRUCTION Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.25324
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 34 OF 218
	<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. COCHRANE 280, WILLIAM, , MR,
Mailing Address 1506 12TH FAIRWAY DR NW

City CONCORD	State NC	Zip Code 28027
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 ▼ 300.00	

Date of Receipt
MM / DD / YYYY
08 / 07 / 2017
Transaction ID : SA11AI.25601

Amount of Each Receipt this Period
100.00

Memo Item

B. COCHRANE 280, WILLIAM, , MR,
Mailing Address 1506 12TH FAIRWAY DR NW

City CONCORD	State NC	Zip Code 28027
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 ▼ 400.00	

Date of Receipt
MM / DD / YYYY
11 / 06 / 2017
Transaction ID : SA11AI.25602

Amount of Each Receipt this Period
100.00

Memo Item

C. CONTI 809, JESSE D, , MR,
Mailing Address 4781 TURQUOISE CIR

City COLORADO SPRINGS	State CO	Zip Code 80917
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 ▼ 205.00	

Date of Receipt
MM / DD / YYYY
10 / 13 / 2017
Transaction ID : SA11AI.25677

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 35 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. CONTI 809, JESSE D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4781 TURQUOISE CIR
 City COLORADO SPRINGS State CO Zip Code 80917
 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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.25678
 Amount of Each Receipt this Period
 105.00
 Memo Item

B. COOLEY 957, EDWIN L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 VILLA SERENA CIR
 City ROCKLIN State CA Zip Code 95765
 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
 09 / 20 / 2017
Transaction ID : SA11AI.25698
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. COOLEY 957, EDWIN L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 VILLA SERENA CIR
 City ROCKLIN State CA Zip Code 95765
 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
 12 / 20 / 2017
Transaction ID : SA11AI.25699
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
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 36 OF 218
	<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. CORBETT 046, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BARING ST
 City CALAIS State ME Zip Code 04619
 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
 11 / 01 / 2017
Transaction ID : SA11AI.25707
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. CORRELL 405, RICHARD G, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 NEW CIRCLE RD
 City LEXINGTON State KY Zip Code 40505
 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
 07 / 31 / 2017
Transaction ID : SA11AI.25722
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. COSTA 894, PAUL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 679 UPPER COLONY RD
 City WELLINGTON State NV Zip Code 89444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US MARINES 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
 07 / 03 / 2017
Transaction ID : SA11AI.25736
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 37 OF 218
<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. COURTNEY 488, KRISTEN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1298 SILVERWOOD DR
 City OKEMOS State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) VIOLIONIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2017
Transaction ID : SA11AI.25752
 Amount of Each Receipt this Period 300.00
 Memo Item

B. COX 769, JOAN C, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 GRAND COURT RD APT 158
 City SAN ANGELO State TX Zip Code 76901
 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 08 / 22 / 2017
Transaction ID : SA11AI.25761
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CRAIG 641, HOWARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1611 ORLEANS CIR APT 1D
 City KANSAS CITY State MO Zip Code 64116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALPHA POINT ASSOC OF THE BLIND Occupation (for Individual) LABORER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.25768
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 38 OF 218
	<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. CRAIG 641, HOWARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 ORLEANS CIR
APT 1D

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ALPHA POINT ASSOC OF THE BLIND	Occupation (for Individual) LABORER
---	--

Receipt For:
 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
 10 / 30 / 2017

Transaction ID : SA11AI.25769

Amount of Each Receipt this Period
 100.00

Memo Item

B. CRAIG 641, HOWARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 ORLEANS CIR
APT 1D

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ALPHA POINT ASSOC OF THE BLIND	Occupation (for Individual) LABORER
---	--

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
 11 / 06 / 2017

Transaction ID : SA11AI.25770

Amount of Each Receipt this Period
 100.00

Memo Item

C. CRANSTON 940, PATRICIA R, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23460 CAMINO HERMOSO DR

City LOS ALTOS	State CA	Zip Code 94024
-------------------	-------------	-------------------

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

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

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
 11 / 15 / 2017

Transaction ID : SA11AI.25780

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 39 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. CROOKS 936, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2753 HAMPTON WAY
 City CLOVIS State CA Zip Code 93611
 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 08 / 01 / 2017
Transaction ID : SA11AI.25800
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CROOKS 936, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2753 HAMPTON WAY
 City CLOVIS State CA Zip Code 93611
 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 11 / 01 / 2017
Transaction ID : SA11AI.25801
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CROSEN 226, DARRELL B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 PENNSYLVANIA AVE
 City WINCHESTER State VA Zip Code 22601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAT'L FRUIT PRODUCTS Occupation (for Individual) SUPERVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 21 / 2017
Transaction ID : SA11AI.25806
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 40 OF 218
	<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. CROSEN 226, DARRELL B, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 PENNSYLVANIA AVE

City WINCHESTER	State VA	Zip Code 22601
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NAT'L FRUIT PRODUCTS	Occupation (for Individual) SUPERVISOR
---	---

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		12		2017

Transaction ID : SA11AI.25807

Amount of Each Receipt this Period
35.00

Memo Item

B. CROSEN 226, DARRELL B, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 PENNSYLVANIA AVE

City WINCHESTER	State VA	Zip Code 22601
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NAT'L FRUIT PRODUCTS	Occupation (for Individual) SUPERVISOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

Transaction ID : SA11AI.25808

Amount of Each Receipt this Period
50.00

Memo Item

C. CROSEN 226, DARRELL B, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 PENNSYLVANIA AVE

City WINCHESTER	State VA	Zip Code 22601
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NAT'L FRUIT PRODUCTS	Occupation (for Individual) SUPERVISOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2017

Transaction ID : SA11AI.25809

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 41 OF 218
	(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. DAMON 042, ROBERT V, , MR,

Mailing Address 151 STETSON RD

City AUBURN	State ME	Zip Code 04210
----------------	-------------	-------------------

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
08		23		2017

Transaction ID : SA11AI.25897

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAMON 042, ROBERT V, , MR,

Mailing Address 151 STETSON RD

City AUBURN	State ME	Zip Code 04210
----------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

Transaction ID : SA11AI.25898

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DAMON 042, ROBERT V, , MR,

Mailing Address 151 STETSON RD

City AUBURN	State ME	Zip Code 04210
----------------	-------------	-------------------

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
11		23		2017

Transaction ID : SA11AI.25899

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 42 OF 218
<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. DAVIS 325, JANIS A, , MRS,
Mailing Address 5084 MANDAVILLA BLVD

City GULF BREEZE	State FL	Zip Code 32563
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) INTERIOR DESIGNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt
08 / 28 / 2017
Transaction ID : SA11AI.25936

Amount of Each Receipt this Period
75.00

Memo Item

B. DAVIS 325, JANIS A, , MRS,
Mailing Address 5084 MANDAVILLA BLVD

City GULF BREEZE	State FL	Zip Code 32563
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) INTERIOR DESIGNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
11 / 28 / 2017
Transaction ID : SA11AI.25937

Amount of Each Receipt this Period
75.00

Memo Item

C. DEATON 131, BRANTLEY, , MR,
Mailing Address 3758 RTE 11

City PULASKI	State NY	Zip Code 13142
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DEATONS BUILDING & HOME CTR		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
07 / 10 / 2017
Transaction ID : SA11AI.25963

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 43 OF 218
<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. DELATORRE 770, CECI, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 MISSOURI ST

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) 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
09	/	29	/	2017

Transaction ID : SA11AI.25994

Amount of Each Receipt this Period
100.00

Memo Item

B. DELATORRE 770, CECI, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 MISSOURI ST

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) 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
11	/	30	/	2017

Transaction ID : SA11AI.25995

Amount of Each Receipt this Period
100.00

Memo Item

C. Delle 371, Steven D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 Nesbitt Ln

City Madison	State TN	Zip Code 37115
-----------------	-------------	-------------------

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

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

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
11	/	06	/	2017

Transaction ID : SA11AI.25998

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 44 OF 218
	<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. DENNIS 559, DONNA M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54894 300TH ST

City AUSTIN	State MN	Zip Code 55912
----------------	-------------	-------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2017

Transaction ID : SA11AI.26014

Amount of Each Receipt this Period
70.00

Memo Item

B. DENNIS 559, DONNA M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54894 300TH ST

City AUSTIN	State MN	Zip Code 55912
----------------	-------------	-------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : SA11AI.26015

Amount of Each Receipt this Period
70.00

Memo Item

C. DENNIS 761, LARRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4601 LON STEVENSON RD

City FOREST HILL	State TX	Zip Code 76140
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LARRY DENNIS CO	Occupation (for Individual) SELF EMPLOYED
--	--

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
07	/	20	/	2017

Transaction ID : SA11AI.26018

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
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 45 OF 218
	<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. DENNIS 761, LARRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 LON STEVENSON RD
 City FOREST HILL State TX Zip Code 76140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LARRY DENNIS CO Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.26019
 Amount of Each Receipt this Period 200.00
 Memo Item

B. DICARLO 100, MARGARET, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 YORK AVE APT 4C
 City NEW YORK State NY Zip Code 10028
 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 **08 / 31 / 2017**
Transaction ID : SA11AI.26057
 Amount of Each Receipt this Period 75.00
 Memo Item

C. DICK 280, KATHY L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **07 / 06 / 2017**
Transaction ID : SA11AI.26058
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 46 OF 218
	<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. DICK 280, KATHY L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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:
 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		06		2017

Transaction ID : SA11AI.26059

Amount of Each Receipt this Period
75.00

Memo Item

B. DINATALE 086, LEONA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1764 ORCHARD AVE

City TRENTON	State NJ	Zip Code 08610
-----------------	-------------	-------------------

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		09		2017

Transaction ID : SA11AI.26087

Amount of Each Receipt this Period
100.00

Memo Item

C. DONAT 566, RANDEE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1609 26 AVE NW

City BAUDETTE	State MN	Zip Code 56623
------------------	-------------	-------------------

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

Name of Employer (for Individual) BAYVIEW FISHING LODGE	Occupation (for Individual) OWNER
--	--------------------------------------

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		17		2017

Transaction ID : SA11AI.26127

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 47 OF 218
<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. DOUGLAS 600, NORMA, , MS,
Mailing Address 80 ARLINGTON RD

City PALATINE	State IL	Zip Code 60067
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 ▼ 300.00	

Date of Receipt
08 / 23 / 2017
Transaction ID : SA11AI.26147

Amount of Each Receipt this Period
100.00

Memo Item

B. DOUGLAS 600, NORMA, , MS,
Mailing Address 80 ARLINGTON RD

City PALATINE	State IL	Zip Code 60067
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 ▼ 400.00	

Date of Receipt
11 / 23 / 2017
Transaction ID : SA11AI.26148

Amount of Each Receipt this Period
100.00

Memo Item

C. DOUGLAS 600, NORMA, , MS,
Mailing Address 80 ARLINGTON RD

City PALATINE	State IL	Zip Code 60067
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 ▼ 300.00	

Date of Receipt
12 / 19 / 2017
Transaction ID : SA11AI.26149

Amount of Each Receipt this Period
- 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 48 OF 218
	<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. DREILING 983, ANTHONY G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9676 GLENWOOD RD SW

City PORT ORCHARD	State WA	Zip Code 98367
----------------------	-------------	-------------------

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

Name of Employer (for Individual) LIBERTY TOWING CO	Occupation (for Individual) BUSINESS OWNER
--	---

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
09		25		2017

Transaction ID : SA11AI.26174

Amount of Each Receipt this Period
100.00

Memo Item

B. DREILING 983, ANTHONY G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9676 GLENWOOD RD SW

City PORT ORCHARD	State WA	Zip Code 98367
----------------------	-------------	-------------------

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

Name of Employer (for Individual) LIBERTY TOWING CO	Occupation (for Individual) BUSINESS OWNER
--	---

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
12		25		2017

Transaction ID : SA11AI.26175

Amount of Each Receipt this Period
100.00

Memo Item

C. DRUSCHEL 310, FRANCIS J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 OYSTER TRL

City BYRON	State GA	Zip Code 31008
---------------	-------------	-------------------

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

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

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
12		21		2017

Transaction ID : SA11AI.26193

Amount of Each Receipt this Period
100.00

Memo Item

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 49 OF 218
<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. DUIS 491, SHIRLEY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 PARKWAY ST
 City NILES State MI Zip Code 49120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) LAKERUN HOURS Occupation (for Individual) MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 04 / 2017
Transaction ID : SA11AI.26209
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DUIS 491, SHIRLEY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 PARKWAY ST
 City NILES State MI Zip Code 49120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) LAKERUN HOURS Occupation (for Individual) MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI.26210
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DUNCAN 902, CAROLYN A, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2316 GRANDVIEW AVE
 City MANHATTAN BCH State CA Zip Code 90266
 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 09 / 27 / 2017
Transaction ID : SA11AI.26214
 Amount of Each Receipt this Period 100.00
 Memo Item

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 50 OF 218
	<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. DUNCAN 902, CAROLYN A, , MS,
Mailing Address 2316 GRANDVIEW AVE

City MANHATTAN BCH	State CA	Zip Code 90266
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 ▼ 400.00	

Date of Receipt
12 / 27 / 2017
Transaction ID : SA11AI.26215

Amount of Each Receipt this Period
100.00

Memo Item

B. DUNN 706, CHARLENE, , MS,
Mailing Address 3336 MILLER LN

City LAKE CHARLES	State LA	Zip Code 70605
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 ▼ 300.00	

Date of Receipt
12 / 18 / 2017
Transaction ID : SA11AI.26224

Amount of Each Receipt this Period
100.00

Memo Item

C. DUNN 810, ELSIE R, , MS,
Mailing Address 3100 DAWNS LN

City LAMAR	State CO	Zip Code 81052
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 ▼ 225.00	

Date of Receipt
09 / 28 / 2017
Transaction ID : SA11AI.26226

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 51 OF 218
	<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. DUNN 810, ELSIE R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 DAWNS LN

City LAMAR	State CO	Zip Code 81052
---------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : SA11AI.26227

Amount of Each Receipt this Period
50.00

Memo Item

B. DUVE 234, CAROL A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 985 FLEET DR
APT 166

City VIRGINIA BEACH	State VA	Zip Code 23454
------------------------	-------------	-------------------

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
07	/	10	/	2017

Transaction ID : SA11AI.26247

Amount of Each Receipt this Period
100.00

Memo Item

C. DUVE 234, CAROL A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 985 FLEET DR
APT 166

City VIRGINIA BEACH	State VA	Zip Code 23454
------------------------	-------------	-------------------

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
08	/	17	/	2017

Transaction ID : SA11AI.26248

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 52 OF 218
	<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. EGGLESTON 494, RICHARD G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8266 E GARFIELD RD

City HESPERIA	State MI	Zip Code 49421
------------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA11AI.26319

Amount of Each Receipt this Period
100.00

Memo Item

B. EGGLESTON 494, RICHARD G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8266 E GARFIELD RD

City HESPERIA	State MI	Zip Code 49421
------------------	-------------	-------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : SA11AI.26320

Amount of Each Receipt this Period
40.00

Memo Item

C. ENGLE 383, JON, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 140

City ADAMSVILLE	State TN	Zip Code 38310
--------------------	-------------	-------------------

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 ▼
- 100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2017

Transaction ID : SA11AI.26358

Amount of Each Receipt this Period
- 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 53 OF 218
	<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. EVANS 234, LAWANA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3233 LITTLE ISLAND RD

City VIRGINIA BCH	State VA	Zip Code 23456
----------------------	-------------	-------------------

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
11	/	21	/	2017

Transaction ID : SA11AI.26394

Amount of Each Receipt this Period
100.00

Memo Item

B. EXUM 336, LINDA J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5115 HALIFAX DR

City TAMPA	State FL	Zip Code 33615
---------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) EDUCATOR
--	---

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
09	/	27	/	2017

Transaction ID : SA11AI.26409

Amount of Each Receipt this Period
50.00

Memo Item

C. EXUM 336, LINDA J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5115 HALIFAX DR

City TAMPA	State FL	Zip Code 33615
---------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) EDUCATOR
--	---

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
12	/	15	/	2017

Transaction ID : SA11AI.26410

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 54 OF 218
	(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. FARISS 550, LAUREN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10280 KISMET LN N
 City STILLWATER State MN Zip Code 55082
 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 ▼ 220.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.26435
 Amount of Each Receipt this Period 100.00
 Memo Item

B. FARISS 550, LAUREN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10280 KISMET LN N
 City STILLWATER State MN Zip Code 55082
 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 ▼ 320.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.26436
 Amount of Each Receipt this Period 100.00
 Memo Item

C. FARMER 461, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2464 N BUCK CREEK RD
 City GREENFIELD State IN Zip Code 46140
 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 **08 / 29 / 2017**
Transaction ID : SA11AI.26438
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 55 OF 218
	(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. FARMER 461, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2464 N BUCK CREEK RD
 City GREENFIELD State IN Zip Code 46140
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2017
Transaction ID : SA11AI.26439
 Amount of Each Receipt this Period
 155.00
 Memo Item

B. FASULO 334, HOLLY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 LAKESIDE DR
 City NORTH PALM BEACH State FL Zip Code 33408
 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
 08 / 14 / 2017
Transaction ID : SA11AI.26446
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. FASULO 334, HOLLY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 LAKESIDE DR
 City NORTH PALM BEACH State FL Zip Code 33408
 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
 11 / 13 / 2017
Transaction ID : SA11AI.26447
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 56 OF 218
	(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. FENNELL 615, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 W BRISTOL HOLLOW RD

City DUNLAP	State IL	Zip Code 61525
----------------	-------------	-------------------

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
12	/	11	/	2017

Transaction ID : SA11AI.26464

Amount of Each Receipt this Period
100.00

Memo Item

B. FISHER 287, GEORGE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 NUTHATCH LN

City FRANKLIN	State NC	Zip Code 28734
------------------	-------------	-------------------

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
09	/	18	/	2017

Transaction ID : SA11AI.26526

Amount of Each Receipt this Period
100.00

Memo Item

C. FISHER 287, GEORGE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 NUTHATCH LN

City FRANKLIN	State NC	Zip Code 28734
------------------	-------------	-------------------

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
12	/	18	/	2017

Transaction ID : SA11AI.26527

Amount of Each Receipt this Period
100.00

Memo Item

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 57 OF 218
	<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. FISHER 773, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22210 LANTANA DR

City MAGNOLIA	State TX	Zip Code 77355
------------------	-------------	-------------------

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 ▼
- 25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : SA11AI.26531

Amount of Each Receipt this Period
- 25.00

Memo Item

B. FLEMING 770, SHARON, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11826 CHASE LAKE DR

City HOUSTON	State TX	Zip Code 77077
-----------------	-------------	-------------------

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

Name of Employer (for Individual) JEOPHYSICA INSIGHTS	Occupation (for Individual) CONSULANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : SA11AI.26546

Amount of Each Receipt this Period
250.00

Memo Item

C. FLEMING 770, SHARON, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11826 CHASE LAKE DR

City HOUSTON	State TX	Zip Code 77077
-----------------	-------------	-------------------

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

Name of Employer (for Individual) JEOPHYSICA INSIGHTS	Occupation (for Individual) CONSULANT
--	--

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		06		2017

Transaction ID : SA11AI.26547

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 58 OF 218
	<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. FLYNN 405, WILLIAM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 KINGSWOOD

City LEXINGTON	State KY	Zip Code 40502
-------------------	-------------	-------------------

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
07		10		2017

Transaction ID : SA11AI.26565

Amount of Each Receipt this Period
100.00

Memo Item

B. FORBES 337, DAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 83RD AVE N
APT 321

City ST PETERSBURG	State FL	Zip Code 33702
-----------------------	-------------	-------------------

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
09		27		2017

Transaction ID : SA11AI.26586

Amount of Each Receipt this Period
75.00

Memo Item

C. FORBES 337, DAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 83RD AVE N
APT 321

City ST PETERSBURG	State FL	Zip Code 33702
-----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : SA11AI.26587

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 59 OF 218
	<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. FORBES 337, DAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 83RD AVE N
APT 321

City ST PETERSBURG State FL Zip Code 33702

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 ▼
575.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.26588

Amount of Each Receipt this Period
75.00

Memo Item

B. FORD 847, BARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 52

City GLENDALE State UT Zip Code 84729

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

Transaction ID : SA11AI.26592

Amount of Each Receipt this Period
100.00

Memo Item

C. FORSYTHE 283, GLENN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1603 DIPLOMAT DR

City FAYETTEVILLE State NC Zip Code 28304

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
08 / 07 / 2017

Transaction ID : SA11AI.26604

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 60 OF 218
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FORSYTHE 283, GLENN, , MR,		Date of Receipt
Mailing Address 1603 DIPLOMAT DR		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2017"/>
City FAYETTEVILLE	State NC	Transaction ID : SA11AI.26605
Zip Code 28304		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="425.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRAHM 321, DONALD R, , MR,		Date of Receipt
Mailing Address 7 AVENUE DE LA MER APT 1006		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City PALM COAST	State FL	Transaction ID : SA11AI.26642
Zip Code 32137		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FRAHM 321, DONALD R, , MR,		Date of Receipt
Mailing Address 7 AVENUE DE LA MER APT 1006		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City PALM COAST	State FL	Transaction ID : SA11AI.26643
Zip Code 32137		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 61 OF 218
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GADDIS 782, ANN H, , MRS,

Mailing Address 335 BRYN MAWR DR

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

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
08		28		2017

Transaction ID : SA11AI.26715

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GADDIS 782, ANN H, , MRS,

Mailing Address 335 BRYN MAWR DR

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

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
09		26		2017

Transaction ID : SA11AI.26716

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GADDIS 782, ANN H, , MRS,

Mailing Address 335 BRYN MAWR DR

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

Transaction ID : SA11AI.26717

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 62 OF 218
	(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. GALANT 487, ERIC R, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13270 BELSAY RD
 City MILLINGTON State MI Zip Code 48746
 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 09 / 28 / 2017
Transaction ID : SA11AI.26728
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GARRISON 287, MARTHA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 NEW STOCK RD
 City WEAVERVILLE State NC Zip Code 28787
 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 ▼ 210.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI.26801
 Amount of Each Receipt this Period 60.00
 Memo Item

C. GARRISON 287, MARTHA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 NEW STOCK RD
 City WEAVERVILLE State NC Zip Code 28787
 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 ▼ 260.00

Date of Receipt 11 / 28 / 2017
Transaction ID : SA11AI.26802
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 63 OF 218
	<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. GARZA 232, YSIDORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7814 ANTIONETTE DR
 City RICHMOND State VA Zip Code 23227
 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
 09 / 25 / 2017
Transaction ID : SA11AI.26809
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. GARZA 232, YSIDORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7814 ANTIONETTE DR
 City RICHMOND State VA Zip Code 23227
 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
 12 / 25 / 2017
Transaction ID : SA11AI.26810
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. GAVIN 334, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) UNITED CONCRETE PRODUCTS Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2017
Transaction ID : SA11AI.26819
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 64 OF 218
	<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. GAVIN 334, NORMAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) UNITED CONCRETE PRODUCTS	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		06		2017

Transaction ID : SA11AI.26820

Amount of Each Receipt this Period
150.00

Memo Item

B. GAYLER 374, ROBERT F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 BRYNEWOOD TER

City CHATTANOOGA	State TN	Zip Code 37415
---------------------	-------------	-------------------

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
07		24		2017

Transaction ID : SA11AI.26821

Amount of Each Receipt this Period
100.00

Memo Item

C. GAYLER 374, ROBERT F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 BRYNEWOOD TER

City CHATTANOOGA	State TN	Zip Code 37415
---------------------	-------------	-------------------

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
09		27		2017

Transaction ID : SA11AI.26822

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 65 OF 218
	(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. GAYLER 374, ROBERT F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 BRYNEWOOD TER

City CHATTANOOGA	State TN	Zip Code 37415
---------------------	-------------	-------------------

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		24		2017

Transaction ID : SA11AI.26823

Amount of Each Receipt this Period
100.00

Memo Item

B. GIBSON 127, LISA S, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 TREETOPS TRL

City BLOOMINGBURG	State NY	Zip Code 12721
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ORAGE REGIONAL MEDICAL CENTER	Occupation (for Individual) MANAGER
--	--

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
08		08		2017

Transaction ID : SA11AI.26876

Amount of Each Receipt this Period
75.00

Memo Item

C. GIBSON 127, LISA S, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 TREETOPS TRL

City BLOOMINGBURG	State NY	Zip Code 12721
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ORAGE REGIONAL MEDICAL CENTER	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2017

Transaction ID : SA11AI.26877

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 66 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. GIBSON 127, LISA S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 TREETOPS TRL
 City BLOOMINGBURG State NY Zip Code 12721
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) ORAGE REGIONAL MEDICAL CENTER Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 08 / 2017
Transaction ID : SA11AI.26878
 Amount of Each Receipt this Period 75.00
 Memo Item

B. GODARD 443, BETTY D, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2637 N REVERE RD
 City AKRON State OH Zip Code 44333
 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 07 / 25 / 2017
Transaction ID : SA11AI.26937
 Amount of Each Receipt this Period 100.00
 Memo Item

C. GOIN 660, GERALD G, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1248 SAINT COLUMBUS RD
 City WATHENA State KS Zip Code 66090
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.26948
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 67 OF 218
<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. GOMER 934, DENNIS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1855 LIVE OAK RD

City PASO ROBLES	State CA	Zip Code 93446
---------------------	-------------	-------------------

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
11	/	06	/	2017

Transaction ID : SA11AI.26953

Amount of Each Receipt this Period
75.00

Memo Item

B. GOODLOE 882, BOBBIE J, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 S ROSELAWN AVE

City ARTESIA	State NM	Zip Code 88210
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CONTEL OIL AND GAS	Occupation (for Individual) DRILLING TECH
---	--

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
09	/	14	/	2017

Transaction ID : SA11AI.26966

Amount of Each Receipt this Period
75.00

Memo Item

C. GOODLOE 882, BOBBIE J, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 S ROSELAWN AVE

City ARTESIA	State NM	Zip Code 88210
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CONTEL OIL AND GAS	Occupation (for Individual) DRILLING TECH
---	--

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
09	/	18	/	2017

Transaction ID : SA11AI.26967

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 68 OF 218
	(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. GOOLSBY 221, O HALBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8102 BIRNAM WOOD DR
 City MC LEAN State VA Zip Code 22102
 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
 12 / 15 / 2017
Transaction ID : SA11AI.26980
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. GRAHAM 208, SUZANNE H, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10400 ROCKVILLE PIKE APT 302
 City ROCKVILLE State MD Zip Code 20852
 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 / 13 / 2017
Transaction ID : SA11AI.27008
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. GRASSI 087, NANCY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 CLOVERDALE DR
 City LAKEWOOD State NJ Zip Code 08701
 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
 07 / 13 / 2017
Transaction ID : SA11AI.27025
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 69 OF 218
	<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. GRASSI 087, NANCY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 CLOVERDALE DR

City LAKEWOOD	State NJ	Zip Code 08701
------------------	-------------	-------------------

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	/	13	/	2017

Transaction ID : SA11AI.27026

Amount of Each Receipt this Period
100.00

Memo Item

B. GRAYSON 393, JEAN, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 GHOLSON RD

City DE KALB	State MS	Zip Code 39328
-----------------	-------------	-------------------

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	/	31	/	2017

Transaction ID : SA11AI.27049

Amount of Each Receipt this Period
75.00

Memo Item

C. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

Transaction ID : SA11AI.27062

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 70 OF 218
<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. 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 ▼ 450.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.27063
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GUTH 158, DIANNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 NORTHVIEW DR
 City BROOKVILLE State PA Zip Code 15825
 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 12 / 07 / 2017
Transaction ID : SA11AI.27120
 Amount of Each Receipt this Period 50.00
 Memo Item

C. HABELITZ 088, GARY W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 462 FOOTHILL RD
 City BRIDGEWATER State NJ Zip Code 08807
 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 ▼ 600.00

Date of Receipt 08 / 18 / 2017
Transaction ID : SA11AI.27129
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 71 OF 218
	<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. HABELITZ 088, GARY W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 462 FOOTHILL RD

City BRIDGEWATER	State NJ	Zip Code 08807
---------------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.27130

Amount of Each Receipt this Period
200.00

Memo Item

B. HAGLER 723, CURTIS R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 SUNSET DR

City WYNNE	State AR	Zip Code 72396
---------------	-------------	-------------------

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
08	/	31	/	2017

Transaction ID : SA11AI.27137

Amount of Each Receipt this Period
50.00

Memo Item

C. HAIN 062, VIRGINIA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 472 JERUSALEM RD

City WINDHAM	State CT	Zip Code 06280
-----------------	-------------	-------------------

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
09	/	14	/	2017

Transaction ID : SA11AI.27145

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 72 OF 218
	<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	

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 MAJORITY FUND

A. HAIN 062, VIRGINIA, , MRS,
Mailing Address 472 JERUSALEM RD

City WINDHAM	State CT	Zip Code 06280
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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2017
Transaction ID : SA11AI.27146

Amount of Each Receipt this Period
100.00

Memo Item

B. HANCOCK 349, MITCHELL G, , MR,
Mailing Address 2344 NW 46TH AVE

City OKEECHOBEE	State FL	Zip Code 34972
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) GENERAL CONTRACTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2017
Transaction ID : SA11AI.27182

Amount of Each Receipt this Period
125.00

Memo Item

C. HANCOCK 349, MITCHELL G, , MR,
Mailing Address 2344 NW 46TH AVE

City OKEECHOBEE	State FL	Zip Code 34972
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) GENERAL CONTRACTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2017
Transaction ID : SA11AI.27183

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 73 OF 218
	<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. HANSEN 503, RICHARD G, , MR,
Mailing Address PO BOX 3897

City URBANDALE	State IA	Zip Code 50323
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00

Date of Receipt
07 / 18 / 2017
Transaction ID : SA11AI.27197

Amount of Each Receipt this Period
100.00

Memo Item

B. HARE 486, HAROLD W, , MR,
Mailing Address 12135 SWAN CREEK RD

City SAGINAW	State MI	Zip Code 48609
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 ▼ 300.00

Date of Receipt
07 / 05 / 2017
Transaction ID : SA11AI.27219

Amount of Each Receipt this Period
100.00

Memo Item

C. HARE 486, HAROLD W, , MR,
Mailing Address 12135 SWAN CREEK RD

City SAGINAW	State MI	Zip Code 48609
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 ▼ 400.00

Date of Receipt
10 / 05 / 2017
Transaction ID : SA11AI.27220

Amount of Each Receipt this Period
100.00

Memo Item

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 74 OF 218
	<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. HAWKE 752, ROBERT J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8030 FRANKFORD RD APT 310

City DALLAS	State TX	Zip Code 75252
----------------	-------------	-------------------

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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : SA11AI.27304

Amount of Each Receipt this Period
50.00

Memo Item

B. HAWKINS 972, LESTER J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4473 SE ALDERCREST RD

City MILWAUKIE	State OR	Zip Code 97222
-------------------	-------------	-------------------

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

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

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
12	/	04	/	2017

Transaction ID : SA11AI.27309

Amount of Each Receipt this Period
50.00

Memo Item

C. HAYES 299, FORREST D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56 WEXFORD ON THE GRN

City HILTON HEAD ISLAND	State SC	Zip Code 29928
----------------------------	-------------	-------------------

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
07	/	03	/	2017

Transaction ID : SA11AI.27315

Amount of Each Receipt this Period
300.00

Memo Item

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 75 OF 218
<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. HEINZ 658, TERRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3916 E EAGLESCLIFFE DR

City SPRINGFIELD	State MO	Zip Code 65809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) OSAGE SERVICES	Occupation (for Individual) PRESIDENT
---	--

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	/	30	/	2017

Transaction ID : SA11AI.27354

Amount of Each Receipt this Period
100.00

Memo Item

B. HELMERICH 741, PEGGY V, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 S YORKTOWN AVE
APT 1201

City TULSA	State OK	Zip Code 74114
---------------	-------------	-------------------

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

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

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
09	/	07	/	2017

Transaction ID : SA11AI.27363

Amount of Each Receipt this Period
200.00

Memo Item

C. HELMS 211, DOLORES, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8008 HORICON POINT DR

City MILLERSVILLE	State MD	Zip Code 21108
----------------------	-------------	-------------------

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
07	/	12	/	2017

Transaction ID : SA11AI.27366

Amount of Each Receipt this Period
100.00

Memo Item

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 76 OF 218
	<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. HELMS 211, DOLORES, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8008 HORICON POINT DR

City MILLERSVILLE	State MD	Zip Code 21108
----------------------	-------------	-------------------

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	/	12	/	2017

Transaction ID : SA11AI.27367

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2017

Transaction ID : SA11AI.27372

Amount of Each Receipt this Period
100.00

Memo Item

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

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
08	/	21	/	2017

Transaction ID : SA11AI.27373

Amount of Each Receipt this Period
100.00

Memo Item

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 77 OF 218
	<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
10 / 10 / 2017
Transaction ID : SA11AI.27374

Amount of Each Receipt this Period
100.00

Memo Item

B. HENSON 620, LINDA, , MS,
Mailing Address 522 OREGON ST

City BETHALTO	State IL	Zip Code 62010
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 ▼ 210.00	

Date of Receipt
10 / 13 / 2017
Transaction ID : SA11AI.27411

Amount of Each Receipt this Period
55.00

Memo Item

C. HERZOG 949, MARILYN R, , MS,
Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
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 ▼ 400.00	

Date of Receipt
07 / 24 / 2017
Transaction ID : SA11AI.27445

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 78 OF 218
	(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. HERZOG 949, MARILYN R, , MS,

Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : SA11AI.27446

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HERZOG 949, MARILYN R, , MS,

Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

Transaction ID : SA11AI.27447

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HERZOG 949, MARILYN R, , MS,

Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
------------------	-------------	-------------------

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
11		16		2017

Transaction ID : SA11AI.27448

Amount of Each Receipt this Period
100.00

Memo Item

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 79 OF 218
<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. HINTZ 560, PHYLLIS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 ADAMS AVE APT 104

City FAIRMONT	State MN	Zip Code 56031
------------------	-------------	-------------------

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
09		14		2017

Transaction ID : SA11AI.27501

Amount of Each Receipt this Period
100.00

Memo Item

B. HINTZ 560, PHYLLIS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 ADAMS AVE APT 104

City FAIRMONT	State MN	Zip Code 56031
------------------	-------------	-------------------

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
12		14		2017

Transaction ID : SA11AI.27502

Amount of Each Receipt this Period
100.00

Memo Item

C. HOBBS 320, DEBORAH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 SW RASBERRY CT

City FORT WHITE	State FL	Zip Code 32038
--------------------	-------------	-------------------

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
11		14		2017

Transaction ID : SA11AI.27509

Amount of Each Receipt this Period
100.00

Memo Item

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 80 OF 218
	<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. HOFSTRA 660, JOYCE E, , MS,
Mailing Address 23805 NALL RD

City LOUISBURG	State KS	Zip Code 66053
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 ▼ 321.00	

Date of Receipt
MM / DD / YYYY
07 / 18 / 2017
Transaction ID : SA11AI.27537

Amount of Each Receipt this Period
107.00

Memo Item

B. HOFSTRA 660, JOYCE E, , MS,
Mailing Address 23805 NALL RD

City LOUISBURG	State KS	Zip Code 66053
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 ▼ 428.00	

Date of Receipt
MM / DD / YYYY
10 / 18 / 2017
Transaction ID : SA11AI.27538

Amount of Each Receipt this Period
107.00

Memo Item

C. HOLBROOK 496, JOANNA, , MS,
Mailing Address 1484 W RIVER RD

City TRAVERSE CITY	State MI	Zip Code 49686
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
MM / DD / YYYY
08 / 02 / 2017
Transaction ID : SA11AI.27543

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	314.00
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 81 OF 218
	<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. HOLBROOK 496, JOANNA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1484 W RIVER RD

City TRAVERSE CITY	State MI	Zip Code 49686
-----------------------	-------------	-------------------

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

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

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
11	/	02	/	2017

Transaction ID : SA11AI.27544

Amount of Each Receipt this Period
100.00

Memo Item

B. HOLMES 710, JIMMY, , MR, SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 619 MARSHALL RD

City KEATCHIE	State LA	Zip Code 71046
------------------	-------------	-------------------

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 ▼
210.00

Date of Receipt

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

Transaction ID : SA11AI.27573

Amount of Each Receipt this Period
50.00

Memo Item

C. HOLYK 127, RAYMOND, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 429 LOGTOWN RD

City PORT JERVIS	State NY	Zip Code 12771
---------------------	-------------	-------------------

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
09	/	04	/	2017

Transaction ID : SA11AI.27583

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 82 OF 218
	(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. HOLYK 127, RAYMOND, , MR,
Mailing Address 429 LOGTOWN RD

City PORT JERVIS	State NY	Zip Code 12771
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 ▼ 400.00

Date of Receipt
12 / 04 / 2017
Transaction ID : SA11AI.27584

Amount of Each Receipt this Period
100.00

Memo Item

B. HOOKER 764, ALICE J, , MS,
Mailing Address PO BOX 2049

City ALBANY	State TX	Zip Code 76430
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 ▼ 700.00

Date of Receipt
09 / 25 / 2017
Transaction ID : SA11AI.27586

Amount of Each Receipt this Period
200.00

Memo Item

C. HOOPER 921, CAROLYN, , MS,
Mailing Address 13118 WINDBREAK RD

City SAN DIEGO	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CAROLYN HOOPER INTERIORS		Occupation (for Individual) INTERIOR DECORATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 27 / 2017
Transaction ID : SA11AI.27589

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 218
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HOOPER 921, CAROLYN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13118 WINDBREAK RD

City SAN DIEGO	State CA	Zip Code 92130
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CAROLYN HOOPER INTERIORS	Occupation (for Individual) INTERIOR DECORATOR
---	---

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
11	/	15	/	2017

Transaction ID : SA11AI.27590

Amount of Each Receipt this Period
100.00

Memo Item

B. HUDSON 234, ERNEST L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 MOULTRIE CT

City VIRGINIA BCH	State VA	Zip Code 23455
----------------------	-------------	-------------------

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
08	/	04	/	2017

Transaction ID : SA11AI.27636

Amount of Each Receipt this Period
100.00

Memo Item

C. HUDSON 234, ERNEST L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 MOULTRIE CT

City VIRGINIA BCH	State VA	Zip Code 23455
----------------------	-------------	-------------------

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
11	/	06	/	2017

Transaction ID : SA11AI.27637

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 84 OF 218
	(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. HUGHES 351, PATSY H, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6434 PINE TREE LN

City PINSON	State AL	Zip Code 35126
----------------	-------------	-------------------

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
08		02		2017

Transaction ID : SA11AI.27654

Amount of Each Receipt this Period
100.00

Memo Item

B. HURITE 152, FRANCIS G, , DR, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 GRANDVIEW DR N

City PITTSBURGH	State PA	Zip Code 15215
--------------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2017

Transaction ID : SA11AI.27680

Amount of Each Receipt this Period
50.00

Memo Item

C. HUTTON 727, MARK, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 CLIFTY HWY

City HINDSVILLE	State AR	Zip Code 72738
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HUTTON CONTRAC	Occupation (for Individual) CONTRACT SPECIALIST
---	--

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
08		17		2017

Transaction ID : SA11AI.27697

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 85 OF 218
	(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. JEDROWICZ 216, MARY A, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 CASTLE MARINA RD

City CHESTER	State MD	Zip Code 21619
-----------------	-------------	-------------------

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
07		17		2017

Transaction ID : SA11AI.27779

Amount of Each Receipt this Period
100.00

Memo Item

B. JEDROWICZ 216, MARY A, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 CASTLE MARINA RD

City CHESTER	State MD	Zip Code 21619
-----------------	-------------	-------------------

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		16		2017

Transaction ID : SA11AI.27780

Amount of Each Receipt this Period
100.00

Memo Item

C. JENKINS 852, ELVIRA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1787 LEISURE WORLD

City MESA	State AZ	Zip Code 85206
--------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : SA11AI.27787

Amount of Each Receipt this Period
100.00

Memo Item

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 86 OF 218
	<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. JENKINS 852, ELVIRA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1787 LEISURE WORLD

City MESA	State AZ	Zip Code 85206
--------------	-------------	-------------------

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2017

Transaction ID : SA11AI.27788

Amount of Each Receipt this Period
100.00

Memo Item

B. JENSEN 850, RAYMOND, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1314 W DEER CREEK RD

City PHOENIX	State AZ	Zip Code 85045
-----------------	-------------	-------------------

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
08	/	14	/	2017

Transaction ID : SA11AI.27796

Amount of Each Receipt this Period
100.00

Memo Item

C. JENSEN 850, RAYMOND, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1314 W DEER CREEK RD

City PHOENIX	State AZ	Zip Code 85045
-----------------	-------------	-------------------

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
11	/	14	/	2017

Transaction ID : SA11AI.27797

Amount of Each Receipt this Period
100.00

Memo Item

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 87 OF 218
	<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. JOHNS 537, DOROTHY, , MS,
Mailing Address 5305 BARTON RD

City MADISON	State WI	Zip Code 53711
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 ▼ 300.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2017
Transaction ID : SA11AI.27810

Amount of Each Receipt this Period
100.00

Memo Item

B. JOHNSON 335, ROBERT M, , ,
Mailing Address 3503 ABBIE VILLA RUN

City PLANT CITY	State FL	Zip Code 33567
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 ▼ 300.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2017
Transaction ID : SA11AI.27813

Amount of Each Receipt this Period
100.00

Memo Item

C. JOHNSON 335, ROBERT M, , ,
Mailing Address 3503 ABBIE VILLA RUN

City PLANT CITY	State FL	Zip Code 33567
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 ▼ 400.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2017
Transaction ID : SA11AI.27814

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 88 OF 218
	(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. JORDAN 483, KENNETH, , MR,			Date of Receipt		
Mailing Address 2145 KEYSTONE DR			M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2017		
City STERLING HTS		State MI	Zip Code 48310		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.27875		
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 ▼ 275.00			
			Amount of Each Receipt this Period 25.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JORDAN 483, KENNETH, , MR,			Date of Receipt		
Mailing Address 2145 KEYSTONE DR			M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2017		
City STERLING HTS		State MI	Zip Code 48310		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.27876		
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 ▼ 350.00			
			Amount of Each Receipt this Period 75.00		
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JORDAN 483, KENNETH, , MR,			Date of Receipt		
Mailing Address 2145 KEYSTONE DR			M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2017		
City STERLING HTS		State MI	Zip Code 48310		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.27877		
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 ▼ 375.00			
			Amount of Each Receipt this Period 25.00		
			<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 89 OF 218
	<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. JORDAN 483, KENNETH, , MR,
Mailing Address 2145 KEYSTONE DR

City STERLING HTS	State MI	Zip Code 48310
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 ▼ 410.00	

Date of Receipt
12 / 12 / 2017
Transaction ID : SA11AI.27878

Amount of Each Receipt this Period
35.00

Memo Item

B. KALB 349, ARNO G, , MR,
Mailing Address 5080 SE HANSON CIR

City STUART	State FL	Zip Code 34997
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 ▼ 550.00	

Date of Receipt
07 / 28 / 2017
Transaction ID : SA11AI.27899

Amount of Each Receipt this Period
250.00

Memo Item

C. KAUFFMAN 953, MEL, , MR,
Mailing Address 3515 YOSEMITE AVE

City LATHROP	State CA	Zip Code 95330
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DELTA A/C SUPPLY		Occupation (for Individual) PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
08 / 31 / 2017
Transaction ID : SA11AI.27918

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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 90 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. KELLUM 285, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4809 TRENT WOODS DR
 City TRENT WOODS State NC Zip Code 28562
 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 08 / 09 / 2017
Transaction ID : SA11AI.27957
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KELLUM 285, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4809 TRENT WOODS DR
 City TRENT WOODS State NC Zip Code 28562
 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 11 / 09 / 2017
Transaction ID : SA11AI.27958
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KIDDER 018, SUZANNE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 W WATER ST
 City WAKEFIELD State MA Zip Code 01880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCDERMOTT WILL EMERY MC Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 16 / 2017
Transaction ID : SA11AI.28006
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 91 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. KILE 988, LORRAINE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11604 STATE HIGHWAY 97A
 City WENATCHEE State WA Zip Code 98801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CATTLE RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 03 / 2017**
Transaction ID : SA11AI.28013
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KILE 988, LORRAINE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11604 STATE HIGHWAY 97A
 City WENATCHEE State WA Zip Code 98801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CATTLE RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 02 / 2017**
Transaction ID : SA11AI.28014
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KLAHN 970, LAURIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33727 SE LUSTED RD
 City GRESHAM State OR Zip Code 97080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GRESHAM LIQUOR STORE Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 25 / 2017**
Transaction ID : SA11AI.28066
 Amount of Each Receipt this Period 100.00
 Memo Item

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:	PAGE 92 OF 218
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. KLAHN 970, LAURIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33727 SE LUSTED RD
 City GRESHAM State OR Zip Code 97080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GRESHAM LIQUOR STORE Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 25 / 2017**
Transaction ID : SA11AI.28067
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KLEIN 857, FREDERICK W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36584 S WIND CREST DR
 City TUCSON State AZ Zip Code 85739
 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 ▼ 600.00

Date of Receipt **10 / 02 / 2017**
Transaction ID : SA11AI.28073
 Amount of Each Receipt this Period 300.00
 Memo Item

C. KLEIN 857, FREDERICK W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36584 S WIND CREST DR
 City TUCSON State AZ Zip Code 85739
 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 **11 / 08 / 2017**
Transaction ID : SA11AI.28074
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 93 OF 218
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KROPP 103, WESLEY W, , MR,

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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		13		2017

Transaction ID : SA11AI.28173

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KROPP 103, WESLEY W, , MR,

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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
12		25		2017

Transaction ID : SA11AI.28174

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

Transaction ID : SA11AI.28180

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 94 OF 218
<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. KUBALL 491, VIRGINIA L, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : SA11AI.28181
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KUCERA 604, RITA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2448 LOMBARD AVE
 City BERWYN State IL Zip Code 60402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHICAGO STATE UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2017
Transaction ID : SA11AI.28182
 Amount of Each Receipt this Period
 105.00
 Memo Item

C. LABARE 922, RICHARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 PRINCETON DR
 City RANCHO MIRAGE State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNION CAPITAL COMPANY Occupation (for Individual) FINANCIAL ADVISOR
 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
 08 / 09 / 2017
Transaction ID : SA11AI.28205
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 95 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LABROSSA 853, JANACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51802 US HW 60

City WICKENBURG	State AZ	Zip Code 85390
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RV PARK	Occupation (for Individual) SELF EMPLOYED
--	--

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
 07 / 03 / 2017
Transaction ID : SA11AI.28207

Amount of Each Receipt this Period
100.00

Memo Item

B. LABROSSA 853, JANACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51802 US HW 60

City WICKENBURG	State AZ	Zip Code 85390
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RV PARK	Occupation (for Individual) SELF EMPLOYED
--	--

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
 08 / 11 / 2017
Transaction ID : SA11AI.28208

Amount of Each Receipt this Period
100.00

Memo Item

C. LABROSSA 853, JANACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51802 US HW 60

City WICKENBURG	State AZ	Zip Code 85390
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RV PARK	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 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
 10 / 03 / 2017
Transaction ID : SA11AI.28209

Amount of Each Receipt this Period
100.00

Memo Item

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 96 OF 218
<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. LABROSSA 853, JANACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51802 US HW 60

City WICKENBURG	State AZ	Zip Code 85390
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RV PARK	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017

Transaction ID : SA11AI.28210

Amount of Each Receipt this Period
 100.00

Memo Item

B. LAMBERT 570, CHARLOTTE M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SYCAMORE AVE
 APT 24

City VERMILLION	State SD	Zip Code 57069
--------------------	-------------	-------------------

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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017

Transaction ID : SA11AI.28227

Amount of Each Receipt this Period
 200.00

Memo Item

C. LAMBERT 570, CHARLOTTE M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SYCAMORE AVE
 APT 24

City VERMILLION	State SD	Zip Code 57069
--------------------	-------------	-------------------

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 ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2017

Transaction ID : SA11AI.28228

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 97 OF 218
<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. LANCASTER 717, STACY L, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 MOSES

City HAMPTON	State AR	Zip Code 71744
-----------------	-------------	-------------------

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
09	/	18	/	2017

Transaction ID : SA11AI.28230

Amount of Each Receipt this Period
100.00

Memo Item

B. LANCASTER 717, STACY L, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 MOSES

City HAMPTON	State AR	Zip Code 71744
-----------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : SA11AI.28231

Amount of Each Receipt this Period
100.00

Memo Item

C. LASEUR 730, LAWANA S, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16800 HARDWOOD PL

City EDMOND	State OK	Zip Code 73012
----------------	-------------	-------------------

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
09	/	26	/	2017

Transaction ID : SA11AI.28265

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 98 OF 218
	(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. LASEUR 730, LAWANA S, , MS,
Mailing Address 16800 HARDWOOD PL

City EDMOND	State OK	Zip Code 73012
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
MM / DD / YYYY
11 / 14 / 2017
Transaction ID : SA11AI.28266

Amount of Each Receipt this Period
25.00

Memo Item

B. LAUQUAN 114, AVIS, , MS,
Mailing Address 10151 106TH ST

City OZONE PARK	State NY	Zip Code 11416
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2017
Transaction ID : SA11AI.28277

Amount of Each Receipt this Period
100.00

Memo Item

C. LAUQUAN 114, AVIS, , MS,
Mailing Address 10151 106TH ST

City OZONE PARK	State NY	Zip Code 11416
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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2017
Transaction ID : SA11AI.28278

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 99 OF 218
	<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. LAWSON 423, SANDRA, , MS,
Mailing Address 632 AMHERST DR

City OWENSBORO	State KY	Zip Code 42303
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
M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017
Transaction ID : SA11AI.28296

Amount of Each Receipt this Period
100.00

Memo Item

B. LEACH 773, SARA B, , MRS,
Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
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
M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2017
Transaction ID : SA11AI.28304

Amount of Each Receipt this Period
50.00

Memo Item

C. LEACH 773, SARA B, , MRS,
Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
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 ▼ 350.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2017
Transaction ID : SA11AI.28305

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 100 OF 218
	(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. LEACH 773, SARA B, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
------------------	-------------	-------------------

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

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

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		2017

Transaction ID : SA11AI.28306

Amount of Each Receipt this Period
50.00

Memo Item

B. LEDNYAK 112, MARGARITA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2907 QUENTIN RD

City BROOKLYN	State NY	Zip Code 11229
------------------	-------------	-------------------

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

Name of Employer (for Individual) VANGUARD HVAC TECH INC	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
11		29		2017

Transaction ID : SA11AI.28315

Amount of Each Receipt this Period
100.00

Memo Item

C. LEE 996, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 COPE INDUSTRIAL WAY

City PALMER	State AK	Zip Code 99645
----------------	-------------	-------------------

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

Name of Employer (for Individual) MAT-SU REGIONAL HEALTH CTR	Occupation (for Individual) ADMINISTRATOR
---	--

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
12		19		2017

Transaction ID : SA11AI.28320

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 101 OF 218
	<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. LEFOR 100, HELEN D, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 GOLD ST
 APT 3J
 City NEW YORK State NY Zip Code 10038
 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
 12 / 08 / 2017
Transaction ID : SA11AI.28325
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. LEIB 117, ISABEL B, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1281 WOLVER HOLLOW RD
 City OYSTER BAY State NY Zip Code 11771
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2017
Transaction ID : SA11AI.28334
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. LESSIG 212, RICHARD B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 ADMIRAL BLVD
 City BALTIMORE State MD Zip Code 21222
 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
 08 / 04 / 2017
Transaction ID : SA11AI.28361
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 102 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LESSIG 212, RICHARD B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
-------------------	-------------	-------------------

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 / 2017
Transaction ID : SA11AI.28362

Amount of Each Receipt this Period
100.00

Memo Item

B. LESSIG 212, RICHARD B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
-------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : SA11AI.28363

Amount of Each Receipt this Period
100.00

Memo Item

C. LESTER 950, LINDA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 RIC DR

City GILROY	State CA	Zip Code 95020
----------------	-------------	-------------------

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2017
Transaction ID : SA11AI.28364

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 103 OF 218
	<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. LIBBY 342, HAROLD L, , MR,
Mailing Address 1220 S ORANGE AVE

City SARASOTA	State FL	Zip Code 34239
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LIBBY AGA INVESTORS LLC		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.28380

Amount of Each Receipt this Period
100.00

Memo Item

B. LINZER 088, IRWIN P, , MR,
Mailing Address 7 WELSH RD

City LEBANON	State NJ	Zip Code 08833
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 ▼ 205.00

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.28424

Amount of Each Receipt this Period
50.00

Memo Item

C. LIPSCOMB 265, RYAN, , MR,
Mailing Address PO BOX 333

City REEDSVILLE	State WV	Zip Code 26547
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 ▼ 300.00

Date of Receipt
11 / 16 / 2017
Transaction ID : SA11AI.28431

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 104 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2017
Transaction ID : SA11AI.28452

Amount of Each Receipt this Period
 100.00

Memo Item

B. 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
 12 / 18 / 2017
Transaction ID : SA11AI.28453

Amount of Each Receipt this Period
 100.00

Memo Item

C. LOFTON 657, WINTON P, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 TALKING ROCKS RD

City REEDS SPRING	State MO	Zip Code 65737
----------------------	-------------	-------------------

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
 09 / 21 / 2017
Transaction ID : SA11AI.28460

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 105 OF 218
	(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. LOFTON 657, WINTON P, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 TALKING ROCKS RD
 City REEDS SPRING State MO Zip Code 65737
 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
 09 / 25 / 2017
Transaction ID : SA11AI.28461
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. LOFTON 657, WINTON P, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 TALKING ROCKS RD
 City REEDS SPRING State MO Zip Code 65737
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.28462
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. LOGES 454, THOMAS, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5748 MARKEY RD
 City DAYTON State OH Zip Code 45415
 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
 07 / 31 / 2017
Transaction ID : SA11AI.28467
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 106 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LONG 852, BRUCE K, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 LEISURE WORLD
 City MESA State AZ Zip Code 85206
 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 **07 / 27 / 2017**
Transaction ID : SA11AI.28474
 Amount of Each Receipt this Period 150.00
 Memo Item

B. LOVER 120, AL K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1239 BURDEN LAKE RD
 City AVERILL PARK State NY Zip Code 12018
 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 **10 / 02 / 2017**
Transaction ID : SA11AI.28492
 Amount of Each Receipt this Period 75.00
 Memo Item

C. MACKEY 325, LAURIE J, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4396 WINDLAKE DR
 City NICEVILLE State FL Zip Code 32578
 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 **11 / 15 / 2017**
Transaction ID : SA11AI.28549
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 107 OF 218
	<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. MANSON 950, SYLVIA J, , MS,
Mailing Address 113 OCEAN VIEW AVE

City SANTA CRUZ	State CA	Zip Code 95062
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) SELF EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 18 / 2017
Transaction ID : SA11AI.28613

Amount of Each Receipt this Period
300.00

Memo Item

B. MARTIN 673, JACK, , MR,
Mailing Address 532 MAPLE CREST DR

City PARSONS	State KS	Zip Code 67357
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PSYCHOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 29 / 2017
Transaction ID : SA11AI.28664

Amount of Each Receipt this Period
150.00

Memo Item

C. MATOKA 152, ROBERT N, , MR,
Mailing Address 140 PERRYVISTA AVE

City PITTSBURGH	State PA	Zip Code 15237
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 ▼ 300.00

Date of Receipt
07 / 26 / 2017
Transaction ID : SA11AI.28699

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 108 OF 218
	<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. MATOKA 152, ROBERT N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 PERRYVISTA AVE

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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
08	/	01	/	2017

Transaction ID : SA11AI.28700

Amount of Each Receipt this Period
25.00

Memo Item

B. MATOKA 152, ROBERT N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 PERRYVISTA AVE

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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
08	/	22	/	2017

Transaction ID : SA11AI.28701

Amount of Each Receipt this Period
100.00

Memo Item

C. MATOKA 152, ROBERT N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 PERRYVISTA AVE

City PITTSBURGH	State PA	Zip Code 15237
--------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : SA11AI.28702

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 109 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MATTHEWS 804, DEBORAH, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 26

City IDLEDALE	State CO	Zip Code 80453
------------------	-------------	-------------------

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

Name of Employer (for Individual) BAVARIA INN RESTAURANT	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2017
Transaction ID : SA11AI.28710

Amount of Each Receipt this Period
 150.00

Memo Item

B. MATTHEWS 804, DEBORAH, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 26

City IDLEDALE	State CO	Zip Code 80453
------------------	-------------	-------------------

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

Name of Employer (for Individual) BAVARIA INN RESTAURANT	Occupation (for Individual) BUSINESS OWNER
---	---

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
 11 / 21 / 2017
Transaction ID : SA11AI.28711

Amount of Each Receipt this Period
 150.00

Memo Item

C. MAY 850, JUDSON E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13013 N 23RD PL

City PHOENIX	State AZ	Zip Code 85022
-----------------	-------------	-------------------

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
 07 / 21 / 2017
Transaction ID : SA11AI.28725

Amount of Each Receipt this Period
 100.00

Memo Item

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 110 OF 218
	<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. MAY 850, JUDSON E, , MR,
Mailing Address 13013 N 23RD PL

City PHOENIX	State AZ	Zip Code 85022
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 ▼ 400.00

Date of Receipt
10 / 23 / 2017
Transaction ID : **SA11AI.28726**

Amount of Each Receipt this Period
100.00

Memo Item

B. MCCLANAHAN 760, MARION R, , MS,
Mailing Address 1601 BENT CREEK DR

City CLEBURNE	State TX	Zip Code 76033
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) POLYTECHNIC VENTURES LLC		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00

Date of Receipt
10 / 13 / 2017
Transaction ID : **SA11AI.28755**

Amount of Each Receipt this Period
105.00

Memo Item

C. MCCLANAHAN 760, MARION R, , MS,
Mailing Address 1601 BENT CREEK DR

City CLEBURNE	State TX	Zip Code 76033
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) POLYTECHNIC VENTURES LLC		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 310.00

Date of Receipt
11 / 22 / 2017
Transaction ID : **SA11AI.28756**

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 111 OF 218
	<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. MCCLELLAND 480, PATRICK R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19372 WILFRED ST

City ROSEVILLE	State MI	Zip Code 48066
-------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

Transaction ID : SA11AI.28757

Amount of Each Receipt this Period
50.00

Memo Item

B. MCCULLERS 236, SARAH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 RIVER BIRCH CT

City NEWPORT NEWS	State VA	Zip Code 23602
----------------------	-------------	-------------------

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
07		07		2017

Transaction ID : SA11AI.28782

Amount of Each Receipt this Period
100.00

Memo Item

C. MCCULLERS 236, SARAH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 RIVER BIRCH CT

City NEWPORT NEWS	State VA	Zip Code 23602
----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.28783

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 112 OF 218
	<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. MCDONALD 774, BARBARA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1809 HAWTHORN DR

City RICHMOND	State TX	Zip Code 77469
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) TEACHER
--	--

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
11	/	28	/	2017

Transaction ID : SA11AI.28794

Amount of Each Receipt this Period
100.00

Memo Item

B. MCGLYN 112, SALLY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 COLONIAL RD
APT L2H

City BROOKLYN	State NY	Zip Code 11209
------------------	-------------	-------------------

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 ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2017

Transaction ID : SA11AI.28817

Amount of Each Receipt this Period
50.00

Memo Item

C. MCGLYN 112, SALLY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 COLONIAL RD
APT L2H

City BROOKLYN	State NY	Zip Code 11209
------------------	-------------	-------------------

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 ▼
340.00

Date of Receipt

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

Transaction ID : SA11AI.28818

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 113 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MCHUGH 065, GAIL P, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 SUSQUEHANNA AVE

City WEST HAVEN	State CT	Zip Code 06516
--------------------	-------------	-------------------

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
 11 / 07 / 2017
Transaction ID : SA11AI.28827

Amount of Each Receipt this Period
 50.00

Memo Item

B. MERTZ 195, CAROL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 SHARADIN RD

City KUTZTOWN	State PA	Zip Code 19530
------------------	-------------	-------------------

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 ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2017
Transaction ID : SA11AI.28927

Amount of Each Receipt this Period
 105.00

Memo Item

C. MEULEMAN 633, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 831

City HIGH HILL	State MO	Zip Code 63350
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 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
 08 / 28 / 2017
Transaction ID : SA11AI.28940

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
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 114 OF 218
	<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. MEULEMAN 633, MICHAEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 831

City HIGH HILL	State MO	Zip Code 63350
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

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
09		28		2017

Transaction ID : SA11AI.28941

Amount of Each Receipt this Period
100.00

Memo Item

B. MEULEMAN 633, MICHAEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 831

City HIGH HILL	State MO	Zip Code 63350
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

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
11		28		2017

Transaction ID : SA11AI.28942

Amount of Each Receipt this Period
100.00

Memo Item

C. MILLER 465, MARY LOUISE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 STONE CAMP TRL

City WINONA LAKE	State IN	Zip Code 46590
---------------------	-------------	-------------------

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

Name of Employer (for Individual) DANE & MARY LOUISE MILLER FOUNDATION	Occupation (for Individual) PHILANTHROPIST
---	---

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
11		06		2017

Transaction ID : SA11AI.28978

Amount of Each Receipt this Period
200.00

Memo Item

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 115 OF 218
	<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. MILLER 902, MARVIN E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 PLEASANT HILL DR

City ROLLING HILLS ESTA	State CA	Zip Code 90274
----------------------------	-------------	-------------------

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
12	/	21	/	2017

Transaction ID : SA11AI.29000

Amount of Each Receipt this Period
100.00

Memo Item

B. MONTGOMERY 420, GERALDINE B, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 N 2ND ST
STE 202

City PADUCAH	State KY	Zip Code 42001
-----------------	-------------	-------------------

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
08	/	01	/	2017

Transaction ID : SA11AI.29059

Amount of Each Receipt this Period
100.00

Memo Item

C. MOORE 432, PATRICIA A, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5355 TARTAN LN

City COLUMBUS	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer (for Individual) VIAQUEST INC	Occupation (for Individual) DIRECTOR OF OPERATIONS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2017

Transaction ID : SA11AI.29078

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 116 OF 218
	<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. MOORE 432, PATRICIA A, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5355 TARTAN LN

City COLUMBUS	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer (for Individual) VIAQUEST INC	Occupation (for Individual) DIRECTOR OF OPERATIONS
---	---

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
11	/	01	/	2017

Transaction ID : SA11AI.29079

Amount of Each Receipt this Period

35.00

 Memo Item

B. MOORMAN 704, WILLIAM E, , MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 HUCKLEBERRY ST

City PONCHATOULA	State LA	Zip Code 70454
---------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2017

Transaction ID : SA11AI.29102

Amount of Each Receipt this Period

200.00

 Memo Item

C. MOORMAN 704, WILLIAM E, , MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 HUCKLEBERRY ST

City PONCHATOULA	State LA	Zip Code 70454
---------------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2017

Transaction ID : SA11AI.29103

Amount of Each Receipt this Period

200.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.00
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 117 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MORRIS 775, ROSE MARIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 CLOVERNOOK LN

City SEABROOK	State TX	Zip Code 77586
------------------	-------------	-------------------

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
 07 / 18 / 2017

Transaction ID : SA11AI.29136

Amount of Each Receipt this Period
 100.00

Memo Item

B. MORRIS 775, ROSE MARIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 CLOVERNOOK LN

City SEABROOK	State TX	Zip Code 77586
------------------	-------------	-------------------

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 / 02 / 2017

Transaction ID : SA11AI.29137

Amount of Each Receipt this Period
 100.00

Memo Item

C. MORRIS 775, ROSE MARIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 CLOVERNOOK LN

City SEABROOK	State TX	Zip Code 77586
------------------	-------------	-------------------

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : SA11AI.29138

Amount of Each Receipt this Period
 100.00

Memo Item

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 118 OF 218
	<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. MUCCINO 223, VANESSA M, , MS,
Mailing Address 8522 TOWNE MANOR CT

City ALEXANDRIA	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) USIS		Occupation (for Individual) INVESTIGATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 28 / 2017
Transaction ID : SA11AI.29156

Amount of Each Receipt this Period
100.00

Memo Item

B. MUNROE 015, WILLIAM, , MR,
Mailing Address 9 MAPLE ST

City UPTON	State MA	Zip Code 01568
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CAVIUM		Occupation (for Individual) CUSTOMER SERVICE REPRESN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 07 / 2017
Transaction ID : SA11AI.29175

Amount of Each Receipt this Period
100.00

Memo Item

C. MUNROE 015, WILLIAM, , MR,
Mailing Address 9 MAPLE ST

City UPTON	State MA	Zip Code 01568
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CAVIUM		Occupation (for Individual) CUSTOMER SERVICE REPRESN
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 / 09 / 2017
Transaction ID : SA11AI.29176

Amount of Each Receipt this Period
100.00

Memo Item

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 119 OF 218
<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. MURPHREY 278, DIANE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3987 MOYE TURNAGE RD
 City FARMVILLE State NC Zip Code 27828
 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 09 / 25 / 2017
Transaction ID : SA11AI.29188
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MURPHREY 278, DIANE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3987 MOYE TURNAGE RD
 City FARMVILLE State NC Zip Code 27828
 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 12 / 25 / 2017
Transaction ID : SA11AI.29189
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MURPHY 797, ALANA S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 COOK RD
 City ODESSA State TX Zip Code 79766
 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 ▼ 220.00

Date of Receipt 11 / 23 / 2017
Transaction ID : SA11AI.29203
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 120 OF 218
	<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	

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 MAJORITY FUND

A. MURPHY 802, MARION, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9189 GALE BLVD
APT 1823

City THORNTON State CO Zip Code 80260

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
MM / DD / YYYY
09 / 29 / 2017

Transaction ID : SA11AI.29204

Amount of Each Receipt this Period
100.00

Memo Item

B. MURPHY 802, MARION, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9189 GALE BLVD
APT 1823

City THORNTON State CO Zip Code 80260

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
MM / DD / YYYY
12 / 29 / 2017

Transaction ID : SA11AI.29205

Amount of Each Receipt this Period
100.00

Memo Item

C. MYERS 173, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4184 E BERLIN RD

City THOMASVILLE State PA Zip Code 17364

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

Name of Employer (for Individual) HANOVER HOSPITAL Occupation (for Individual) CARE GIVER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2017

Transaction ID : SA11AI.29228

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 121 OF 218
	(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. MYERS 173, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4184 E BERLIN RD

City THOMASVILLE	State PA	Zip Code 17364
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HANOVER HOSPITAL	Occupation (for Individual) CARE GIVER
---	---

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
12	/	13	/	2017

Transaction ID : SA11AI.29229

Amount of Each Receipt this Period
100.00

Memo Item

B. NEAL 910, THOMAS M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 RAMONA RD

City ARCADIA	State CA	Zip Code 91006
-----------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2017

Transaction ID : SA11AI.29269

Amount of Each Receipt this Period
100.00

Memo Item

C. NEAL 910, THOMAS M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 RAMONA RD

City ARCADIA	State CA	Zip Code 91006
-----------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

Transaction ID : SA11AI.29271

Amount of Each Receipt this Period
100.00

Memo Item

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 122 OF 218
	<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. NEIDHARDT 440, PAUL D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7180 CARDINAL LN

City CHAGRIN FALLS	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) GLENMEAD TRUST CO	Occupation (for Individual) MANAGER
--	--

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
08	/	08	/	2017

Transaction ID : SA11AI.29275

Amount of Each Receipt this Period
250.00

Memo Item

B. NEIDHARDT 440, PAUL D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7180 CARDINAL LN

City CHAGRIN FALLS	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) GLENMEAD TRUST CO	Occupation (for Individual) MANAGER
--	--

Receipt For:
 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
10	/	13	/	2017

Transaction ID : SA11AI.29276

Amount of Each Receipt this Period
250.00

Memo Item

C. NELSON 140, EVELYN F, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3614 S CREEK RD

City HAMBURG	State NY	Zip Code 14075
-----------------	-------------	-------------------

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	/	05	/	2017

Transaction ID : SA11AI.29281

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 123 OF 218
	<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. NEW 028, MICHAEL A, , MR,
Mailing Address 18 WATERCRESS CT

City COVENTRY	State RI	Zip Code 02816
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
07 / 03 / 2017

Transaction ID : SA11AI.29295

Amount of Each Receipt this Period
100.00

Memo Item

B. NEW 028, MICHAEL A, , MR,
Mailing Address 18 WATERCRESS CT

City COVENTRY	State RI	Zip Code 02816
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
MM / DD / YYYY
08 / 04 / 2017

Transaction ID : SA11AI.29296

Amount of Each Receipt this Period
100.00

Memo Item

C. NEW 028, MICHAEL A, , MR,
Mailing Address 18 WATERCRESS CT

City COVENTRY	State RI	Zip Code 02816
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
MM / DD / YYYY
11 / 06 / 2017

Transaction ID : SA11AI.29297

Amount of Each Receipt this Period
100.00

Memo Item

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 124 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. NEWCOMB 371, VIOLET J, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4576 KEDRON RD
 City SPRING HILL State TN Zip Code 37174
 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
 09 / 05 / 2017
Transaction ID : SA11AI.29299
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. O'CONNOR 640, JOAN M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 394
 City LIBERTY State MO Zip Code 64069
 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 / 02 / 2017
Transaction ID : SA11AI.29364
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. OLESON 522, ELIZABETH, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 4TH ST
 City KALONA State IA Zip Code 52247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MANFIELD FOUNDATION 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
 11 / 17 / 2017
Transaction ID : SA11AI.29387
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 125 OF 218
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON 548, ROBERT D, , MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) OLSON AGENCY INC	Occupation (for Individual) INSURANCE
--	---

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
07	/	26	/	2017

Transaction ID : SA11AI.29401

Amount of Each Receipt this Period

150.00

 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON 548, ROBERT D, , MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) OLSON AGENCY INC	Occupation (for Individual) INSURANCE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

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

Transaction ID : SA11AI.29402

Amount of Each Receipt this Period

100.00

 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON 548, ROBERT D, , MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) OLSON AGENCY INC	Occupation (for Individual) INSURANCE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

Transaction ID : SA11AI.29403

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 126 OF 218
	<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. OLSON 554, HAROLD L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5274 ASHLAR DR
 City BLOOMINGTON State MN Zip Code 55437
 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 10 / 03 / 2017
Transaction ID : SA11AI.29406
 Amount of Each Receipt this Period 50.00
 Memo Item

B. OLSON 554, HAROLD L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5274 ASHLAR DR
 City BLOOMINGTON State MN Zip Code 55437
 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 11 / 06 / 2017
Transaction ID : SA11AI.29407
 Amount of Each Receipt this Period 25.00
 Memo Item

C. OYHUS 586, DALE A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CATTLE RANCH Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 04 / 2017
Transaction ID : SA11AI.29434
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 127 OF 218
	<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. OYHUS 586, DALE A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13973 FRANKS CREEK RD

City MEDORA	State ND	Zip Code 58645
----------------	-------------	-------------------

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

Name of Employer (for Individual) CATTLE RANCH	Occupation (for Individual) SELF EMPLOYED
---	--

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
11	/	15	/	2017

Transaction ID : SA11AI.29435

Amount of Each Receipt this Period
90.00

Memo Item

B. PADULA 339, RALPH D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1648 CORAL POINT DR

City CAPE CORAL	State FL	Zip Code 33990
--------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

Transaction ID : SA11AI.29440

Amount of Each Receipt this Period
100.00

Memo Item

C. PALOMBO 707, PEGGY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7031 BRYCE CANYON DR

City GREENWELL SPRINGS	State LA	Zip Code 70739
---------------------------	-------------	-------------------

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

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

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	/	2017

Transaction ID : SA11AI.29453

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 128 OF 218
	<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. PANEBIANCO 112, SHIRLEY, , MS,
Mailing Address 8832 7TH AVE

City BROOKLYN	State NY	Zip Code 11228
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 ▼ 300.00	

Date of Receipt
MM / DD / YYYY
07 / 10 / 2017
Transaction ID : SA11AI.29454

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. 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 ▼ 400.00	

Date of Receipt
MM / DD / YYYY
10 / 09 / 2017
Transaction ID : SA11AI.29455

Amount of Each Receipt this Period
100.00

Memo Item

C. PARHAM 786, SAM, , MR,
Mailing Address PO BOX 8810

City HORSESHOE BAY	State TX	Zip Code 78657
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 ▼ 240.00	

Date of Receipt
MM / DD / YYYY
10 / 04 / 2017
Transaction ID : SA11AI.29467

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 129 OF 218
	<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. PARKER 304, FRANK C, , MR,
Mailing Address PO BOX 591

City STATESBORO	State GA	Zip Code 30459
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2017
Transaction ID : SA11AI.29473

Amount of Each Receipt this Period
100.00

Memo Item

B. PARKER 304, FRANK C, , MR,
Mailing Address PO BOX 591

City STATESBORO	State GA	Zip Code 30459
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2017
Transaction ID : SA11AI.29474

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. C		
Name of Employer (for Individual) ARCTIC SLOPE REGIONAL CORP		Occupation (for Individual) EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2017
Transaction ID : SA11AI.29490

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 130 OF 218
	<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. PETERS 940, ROBERT W, , MR,
Mailing Address 1282 SAINT MARK CT

City LOS ALTOS	State CA	Zip Code 94024
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 ▼ 225.00

Date of Receipt
10 / 30 / 2017

Transaction ID : SA11AI.29583

Amount of Each Receipt this Period
50.00

Memo Item

B. PHARIS 341, JODI, , MRS,
Mailing Address 6769 STONEGATE DR

City NAPLES	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) TUTELA INC		Occupation (for Individual) SECRETARY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 07 / 2017

Transaction ID : SA11AI.29598

Amount of Each Receipt this Period
100.00

Memo Item

C. PHARIS 341, JODI, , MRS,
Mailing Address 6769 STONEGATE DR

City NAPLES	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) TUTELA INC		Occupation (for Individual) SECRETARY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 06 / 2017

Transaction ID : SA11AI.29599

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 131 OF 218
	<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. PHIPPS 761, REX A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3725 LABADIE DR

City RICHLAND HLS	State TX	Zip Code 76118
----------------------	-------------	-------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2017

Transaction ID : SA11AI.29625

Amount of Each Receipt this Period
30.00

Memo Item

B. PIETTE 491, LYSSA M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5867 KRUGER RD

City THREE OAKS	State MI	Zip Code 49128
--------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE OAKS MUSEUM	Occupation (for Individual) BOARD MEMBER
--	---

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
07	/	24	/	2017

Transaction ID : SA11AI.29633

Amount of Each Receipt this Period
100.00

Memo Item

C. PIETTE 491, LYSSA M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5867 KRUGER RD

City THREE OAKS	State MI	Zip Code 49128
--------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE OAKS MUSEUM	Occupation (for Individual) BOARD MEMBER
--	---

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	/	24	/	2017

Transaction ID : SA11AI.29634

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 132 OF 218
	<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. PILGRAM 840, LAWERNCE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1987 N 150 E

City CENTERVILLE	State UT	Zip Code 84014
---------------------	-------------	-------------------

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
 11 / 30 / 2017

Transaction ID : SA11AI.29636

Amount of Each Receipt this Period
75.00

Memo Item

B. PILON 038, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PENINSULA DR

City STRATHAM	State NH	Zip Code 03885
------------------	-------------	-------------------

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
 07 / 21 / 2017

Transaction ID : SA11AI.29637

Amount of Each Receipt this Period
100.00

Memo Item

C. PILON 038, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PENINSULA DR

City STRATHAM	State NH	Zip Code 03885
------------------	-------------	-------------------

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 / 23 / 2017

Transaction ID : SA11AI.29638

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 133 OF 218
<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. PITMAN 442, CAROL A, , MS,
Mailing Address 8839 FOX LAKE RD

City STERLING	State OH	Zip Code 44276
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 ▼ 275.00

Date of Receipt
12 / 07 / 2017
Transaction ID : SA11AI.29657

Amount of Each Receipt this Period
100.00

Memo Item

B. PIVONKA 778, LELA, , MRS,
Mailing Address 2503 COUNTY ROAD 100

City CALDWELL	State TX	Zip Code 77836
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
12 / 08 / 2017
Transaction ID : SA11AI.29662

Amount of Each Receipt this Period
100.00

Memo Item

C. POFFENBARGER 253, MARY M, , MS,
Mailing Address 620 WOOD RD

City CHARLESTON	State WV	Zip Code 25302
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DIOCESE OF WHEELING		Occupation (for Individual) EDITOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 18 / 2017
Transaction ID : SA11AI.29668

Amount of Each Receipt this Period
200.00

Memo Item

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 134 OF 218
	<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. POLZIN 017, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 WILLIS RD
 City SUDBURY State MA Zip Code 01776
 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 ▼ 300.00

Date of Receipt 08 / 15 / 2017
Transaction ID : SA11AI.29679
 Amount of Each Receipt this Period 300.00
 Memo Item

B. POTTS 284, GERALD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 TROMBAY DR
 City WILMINGTON State NC Zip Code 28412
 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 ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.29719
 Amount of Each Receipt this Period 50.00
 Memo Item

C. POWELL 810, BRENDA L, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19402 US HIGHWAY 350
 City TRINIDAD State CO Zip Code 81082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2017
Transaction ID : SA11AI.29726
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 135 OF 218
	<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. PRIDAY 977, BETTY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 61655 WARD RD

City BEND	State OR	Zip Code 97702
--------------	-------------	-------------------

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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI.29763

Amount of Each Receipt this Period
90.00

Memo Item

B. PRIERES 331, NORDY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 SW 13TH AVE

City MIAMI	State FL	Zip Code 33135
---------------	-------------	-------------------

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
07	/	27	/	2017

Transaction ID : SA11AI.29764

Amount of Each Receipt this Period
75.00

Memo Item

C. PUMA 113, NICHOLAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7514 66TH DR

City MIDDLE VILLAGE	State NY	Zip Code 11379
------------------------	-------------	-------------------

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

Name of Employer (for Individual) F&N MARKETING LTD	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
09	/	26	/	2017

Transaction ID : SA11AI.29789

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
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 136 OF 218
	<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. PUMA 113, NICHOLAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7514 66TH DR

City MIDDLE VILLAGE	State NY	Zip Code 11379
------------------------	-------------	-------------------

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

Name of Employer (for Individual) F&N MARKETING LTD	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
12	/	13	/	2017

Transaction ID : SA11AI.29790

Amount of Each Receipt this Period
100.00

Memo Item

B. QUERIPEL 189, LOUISE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 STONEY HILL RD

City NEW HOPE	State PA	Zip Code 18938
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : SA11AI.29802

Amount of Each Receipt this Period
50.00

Memo Item

C. RADTKE 530, MARILYN M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W176N12452 FOND DU LAC AVE

City GERMANTOWN	State WI	Zip Code 53022
--------------------	-------------	-------------------

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

Name of Employer (for Individual) W@E RADTKE	Occupation (for Individual) OFFICE WORKER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : SA11AI.29819

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 137 OF 218
	(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. RALLS 671, JEFF, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 572

City WELLINGTON	State KS	Zip Code 67152
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EVERGREEN RECYCLE LLC	Occupation (for Individual) PRESIDENT
--	--

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
08		15		2017

Transaction ID : SA11AI.29829

Amount of Each Receipt this Period
100.00

Memo Item

B. RALLS 671, JEFF, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 572

City WELLINGTON	State KS	Zip Code 67152
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EVERGREEN RECYCLE LLC	Occupation (for Individual) PRESIDENT
--	--

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
11		15		2017

Transaction ID : SA11AI.29830

Amount of Each Receipt this Period
100.00

Memo Item

C. REDDY 062, VIVIAN G, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 N SHORE RD

City DAYVILLE	State CT	Zip Code 06241
------------------	-------------	-------------------

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
08		14		2017

Transaction ID : SA11AI.29868

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 138 OF 218
	<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. 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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.29897

Amount of Each Receipt this Period
40.00

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) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

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
07	/	10	/	2017

Transaction ID : SA11AI.29898

Amount of Each Receipt this Period
100.00

Memo Item

C. 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) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 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
10	/	09	/	2017

Transaction ID : SA11AI.29899

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 139 OF 218
	<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. REEVES 336, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 BAYSHORE BLVD
UNIT 803

City TAMPA State FL Zip Code 33629

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

Name of Employer (for Individual) REEVES KRUMIN ENTERPRISES LLC Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.29900

Amount of Each Receipt this Period 100.00

Memo Item

B. REEVES 336, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 BAYSHORE BLVD
UNIT 803

City TAMPA State FL Zip Code 33629

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

Name of Employer (for Individual) REEVES KRUMIN ENTERPRISES LLC Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 25 / 2017
Transaction ID : SA11AI.29901

Amount of Each Receipt this Period 100.00

Memo Item

C. REYES 208, JOSEPH A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10712 ALLOWAY DR

City POTOMAC State MD Zip Code 20854

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

Name of Employer (for Individual) OWNER Occupation (for Individual) CUTLER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2017
Transaction ID : SA11AI.29934

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 140 OF 218
<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 MAJORITY FUND

A. REYES 208, JOSEPH A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10712 ALLOWAY DR

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) CUTLER
--	---------------------------------------

Receipt For:
 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
11	/	13	/	2017

Transaction ID : SA11AI.29935

Amount of Each Receipt this Period
250.00

Memo Item

B. REYNOLDS 446, BILLIE P, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2531 PLEASANT PL

City ALLIANCE	State OH	Zip Code 44601
------------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

Transaction ID : SA11AI.29942

Amount of Each Receipt this Period
25.00

Memo Item

C. REZAC 685, SHARON K, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 W PLUM ST

City LINCOLN	State NE	Zip Code 68522
-----------------	-------------	-------------------

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 ▼
210.00

Date of Receipt

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

Transaction ID : SA11AI.29947

Amount of Each Receipt this Period
25.00

Memo Item

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 141 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. RICE 296, FRANK T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 RIDGELAND DR
 City GREENVILLE State SC Zip Code 29601
 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
 08 / 01 / 2017
Transaction ID : SA11AI.29957
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. RICE 296, FRANK T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 RIDGELAND DR
 City GREENVILLE State SC Zip Code 29601
 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
 11 / 01 / 2017
Transaction ID : SA11AI.29958
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. RICH 374, SUSAN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 CUMBERLAND RD
 City CHATTANOOGA State TN Zip Code 37419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAKER DONELSON Occupation (for Individual) LAWYER
 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
 08 / 15 / 2017
Transaction ID : SA11AI.29963
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 142 OF 218
	<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. RICH 374, SUSAN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1036 CUMBERLAND RD

City CHATTANOOGA	State TN	Zip Code 37419
---------------------	-------------	-------------------

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

Name of Employer (for Individual) BAKER DONELSON	Occupation (for Individual) LAWYER
---	---------------------------------------

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
11	/	15	/	2017

Transaction ID : SA11AI.29964

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA11AI.30000

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

Transaction ID : SA11AI.30001

Amount of Each Receipt this Period
100.00

Memo Item

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 143 OF 218
	<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. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : SA11AI.30002

Amount of Each Receipt this Period
100.00

Memo Item

B. RIVELA 103, DIANE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 COLITA CT

City STATEN ISLAND	State NY	Zip Code 10307
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) REPUBLIC CAPITAL ASSOCIATES	Occupation (for Individual) PRINCIPAL
--	--

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
12	/	13	/	2017

Transaction ID : SA11AI.30006

Amount of Each Receipt this Period
100.00

Memo Item

C. RIVELA 103, DIANE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 COLITA CT

City STATEN ISLAND	State NY	Zip Code 10307
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) REPUBLIC CAPITAL ASSOCIATES	Occupation (for Individual) PRINCIPAL
--	--

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
12	/	13	/	2017

Transaction ID : SA11AI.30007

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 144 OF 218
	<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. ROBERT 322, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12041 BEACH BLVD
STE 22

City JACKSONVILLE State FL Zip Code 32246

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

Name of Employer (for Individual) EUROPEAN STREET CAFE Occupation (for Individual) SANDWICH MAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 15 / 2017**

Transaction ID : SA11AI.30018

Amount of Each Receipt this Period 50.00

Memo Item

B. ROBINSON 145, HALIS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 762 HOWLAND RD

City SHORTSVILLE State NY Zip Code 14548

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 ▼ 255.00

Date of Receipt **10 / 06 / 2017**

Transaction ID : SA11AI.30047

Amount of Each Receipt this Period 105.00

Memo Item

C. ROBINSON 145, HALIS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 762 HOWLAND RD

City SHORTSVILLE State NY Zip Code 14548

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 ▼ 360.00

Date of Receipt **11 / 17 / 2017**

Transaction ID : SA11AI.30048

Amount of Each Receipt this Period 105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
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 145 OF 218
	<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. RODEBAUGH 490, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 238
3565 N MASON RD

City VERMONTVILLE State MI Zip Code 49096

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2017

Transaction ID : SA11AI.30068

Amount of Each Receipt this Period
200.00

Memo Item

B. RODEBAUGH 490, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 238
3565 N MASON RD

City VERMONTVILLE State MI Zip Code 49096

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
MM / DD / YYYY
10 / 09 / 2017

Transaction ID : SA11AI.30069

Amount of Each Receipt this Period
100.00

Memo Item

C. RODEBAUGH 490, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 238
3565 N MASON RD

City VERMONTVILLE State MI Zip Code 49096

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 ▼
900.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2017

Transaction ID : SA11AI.30070

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 146 OF 218
	<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. ROSENBERG 066, HERBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 ARDEN RD

City TRUMBULL	State CT	Zip Code 06611
------------------	-------------	-------------------

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 ▼
530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.30096

Amount of Each Receipt this Period
160.00

Memo Item

B. ROSENBERG 066, HERBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 ARDEN RD

City TRUMBULL	State CT	Zip Code 06611
------------------	-------------	-------------------

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 ▼
605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.30097

Amount of Each Receipt this Period
75.00

Memo Item

C. ROSENBERG 066, HERBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 ARDEN RD

City TRUMBULL	State CT	Zip Code 06611
------------------	-------------	-------------------

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 ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2017

Transaction ID : SA11AI.30098

Amount of Each Receipt this Period
160.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 147 OF 218
	<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. ROSSING 535, DAVID, , MR,
Mailing Address PO BOX 267

City ARGYLE	State WI	Zip Code 53504
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 ▼ 220.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2017
Transaction ID : SA11AI.30112

Amount of Each Receipt this Period
65.00

Memo Item

B. ROSSING 535, DAVID, , MR,
Mailing Address PO BOX 267

City ARGYLE	State WI	Zip Code 53504
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 ▼ 270.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2017
Transaction ID : SA11AI.30113

Amount of Each Receipt this Period
50.00

Memo Item

C. ROWE 270, DAVID L, , MR,
Mailing Address 639 OLD US 52 S

City MOUNT AIRY	State NC	Zip Code 27030
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) HIGHWAY CONTRACTOR		Occupation (for Individual) SELF EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2017
Transaction ID : SA11AI.30137

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
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 148 OF 218
	<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. ROWE 270, DAVID L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 OLD US 52 S

City MOUNT AIRY	State NC	Zip Code 27030
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HIGHWAY CONTRACTOR	Occupation (for Individual) SELF EMPLOYED
---	--

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
08	/	21	/	2017

Transaction ID : SA11AI.30138

Amount of Each Receipt this Period
100.00

Memo Item

B. RUSSELL 820, BRYAN W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 LAKESHORE DR

City CHEYENNE	State WY	Zip Code 82009
------------------	-------------	-------------------

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
09	/	18	/	2017

Transaction ID : SA11AI.30180

Amount of Each Receipt this Period
100.00

Memo Item

C. RUSSELL 820, BRYAN W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 LAKESHORE DR

City CHEYENNE	State WY	Zip Code 82009
------------------	-------------	-------------------

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	/	02	/	2017

Transaction ID : SA11AI.30181

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 149 OF 218
	(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. RUSSELL 820, BRYAN W, , MR,
Mailing Address 241 LAKESHORE DR

City CHEYENNE	State WY	Zip Code 82009
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 ▼ 500.00	

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.30182

Amount of Each Receipt this Period
100.00

Memo Item

B. RYAN 334, ANNE M, , MRS,
Mailing Address 5402 PENNOCK POINT RD

City JUPITER	State FL	Zip Code 33458
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 ▼ 225.00	

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.30192

Amount of Each Receipt this Period
50.00

Memo Item

C. SANTELLA 921, ROBERT, , MR,
Mailing Address 4774 NORMA DR

City SAN DIEGO	State CA	Zip Code 92115
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) DOCTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
08 / 04 / 2017
Transaction ID : SA11AI.30247

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 150 OF 218
	<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. SANTELLA 921, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4774 NORMA DR

City SAN DIEGO	State CA	Zip Code 92115
-------------------	-------------	-------------------

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

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

Receipt For:
 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
11	/	06	/	2017

Transaction ID : SA11AI.30248

Amount of Each Receipt this Period
200.00

Memo Item

B. SAWYER 327, JUDITH M, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1675 EAGLE NEST CIR

City WINTER SPGS	State FL	Zip Code 32708
---------------------	-------------	-------------------

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	/	19	/	2017

Transaction ID : SA11AI.30269

Amount of Each Receipt this Period
50.00

Memo Item

C. SCHNEIDER 613, BEVERLY K, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 PHEASANT RIDGE LN

City PRINCETON	State IL	Zip Code 61356
-------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

Transaction ID : SA11AI.30336

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 151 OF 218
	<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. SCHNEIDER 613, BEVERLY K, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 PHEASANT RIDGE LN

City PRINCETON	State IL	Zip Code 61356
-------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : SA11AI.30337

Amount of Each Receipt this Period
200.00

Memo Item

B. SCHOEBER 826, CHERYL, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 MIRACLE DR

City CASPER	State WY	Zip Code 82609
----------------	-------------	-------------------

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

Name of Employer (for Individual) WESTERN MEDICAL ASSOCIATIES	Occupation (for Individual) MEDICAL
--	--

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
08	/	21	/	2017

Transaction ID : SA11AI.30340

Amount of Each Receipt this Period
100.00

Memo Item

C. SCHULERT 483, DAN M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436 GUNDER DR

City ROCHESTER HILLS	State MI	Zip Code 48309
-------------------------	-------------	-------------------

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

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

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
11	/	14	/	2017

Transaction ID : SA11AI.30362

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 152 OF 218
	<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. SCHULZ 631, WALTER M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9557 CARNIVAL DR
 City SAINT LOUIS State MO Zip Code 63126
 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
 12 / 28 / 2017
Transaction ID : SA11AI.30372
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SCUDDER 452, PAULA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10467 MARGATE TER
 City CINCINNATI State OH Zip Code 45241
 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
 07 / 31 / 2017
Transaction ID : SA11AI.30406
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. SCUDDER 452, PAULA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10467 MARGATE TER
 City CINCINNATI State OH Zip Code 45241
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2017
Transaction ID : SA11AI.30407
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 153 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SCUDDER 452, PAULA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10467 MARGATE TER
 City CINCINNATI State OH Zip Code 45241
 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 11 / 06 / 2017
Transaction ID : SA11AI.30408
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SCUDDER 452, PAULA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10467 MARGATE TER
 City CINCINNATI State OH Zip Code 45241
 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 ▼ 500.00

Date of Receipt 11 / 16 / 2017
Transaction ID : SA11AI.30409
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SEVCIK 606, JOHN M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E HURON ST APT 3201
 City CHICAGO State IL Zip Code 60611
 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 ▼ 550.00

Date of Receipt 07 / 07 / 2017
Transaction ID : SA11AI.30440
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 154 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. SEVCIK 606, JOHN M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E HURON ST
 APT 3201
 City CHICAGO State IL Zip Code 60611
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : SA11AI.30441
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SEXTON 740, DANA L, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35024 W 261ST ST S
 City BRISTOW State OK Zip Code 74010
 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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2017
Transaction ID : SA11AI.30444
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : SA11AI.30468
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 155 OF 218
	<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. SHIELDS 661, WILLARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 S VALLEY ST

City KANSAS CITY	State KS	Zip Code 66102
---------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2017

Transaction ID : SA11AI.30512

Amount of Each Receipt this Period
100.00

Memo Item

B. SHIELDS 661, WILLARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 S VALLEY ST

City KANSAS CITY	State KS	Zip Code 66102
---------------------	-------------	-------------------

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
11	/	08	/	2017

Transaction ID : SA11AI.30513

Amount of Each Receipt this Period
100.00

Memo Item

C. SHIFFMAN 112, WILLIAM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 SHORE PKWY
APT 6F

City BROOKLYN	State NY	Zip Code 11214
------------------	-------------	-------------------

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 ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

Transaction ID : SA11AI.30514

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 156 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. SHIFFMAN 112, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 SHORE PKWY
 APT 6F
 City BROOKLYN State NY Zip Code 11214
 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 ▼ 390.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI.30515
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SHIFFMAN 112, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 SHORE PKWY
 APT 6F
 City BROOKLYN State NY Zip Code 11214
 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 ▼ 440.00

Date of Receipt 12 / 18 / 2017
Transaction ID : SA11AI.30516
 Amount of Each Receipt this Period 50.00
 Memo Item

C. SIMONSON 554, GERALD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5813 JEFF PL
 City MINNEAPOLIS State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMNETICS CONNECTOR CORP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI.30570
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 157 OF 218
	<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. SIMPSON 465, BARBARA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52780 COUNTY ROAD 131

City BRISTOL	State IN	Zip Code 46507
-----------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA11AI.30574

Amount of Each Receipt this Period
30.00

Memo Item

B. SITTERLE 150, KATHRYN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1812 WILDERNESS CIR

City GIBSONIA	State PA	Zip Code 15044
------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : SA11AI.30597

Amount of Each Receipt this Period
100.00

Memo Item

C. 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) FARMER
--	---------------------------------------

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	/	02	/	2017

Transaction ID : SA11AI.30613

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 158 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SLANEY 430, DORIS, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10121 ABBOTTSHIRE VLG PL
 City POWELL State OH Zip Code 43065
 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
 11 / 06 / 2017
Transaction ID : SA11AI.30618
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. SMITH 281, MICHAEL S, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 CLEGHORN MILL RD
 City RUTHERFORDTON State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REST HOME OPERATOR
 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
 07 / 06 / 2017
Transaction ID : SA11AI.30638
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. SMITH 281, MICHAEL S, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 CLEGHORN MILL RD
 City RUTHERFORDTON State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REST HOME OPERATOR
 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 / 06 / 2017
Transaction ID : SA11AI.30639
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 159 OF 218
	<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 MAJORITY FUND

A. SMITH 532, BARBARA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3222 E HAMPSHIRE AVE
 City MILWAUKEE State WI Zip Code 53211
 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 09 / 28 / 2017
Transaction ID : SA11AI.30658
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SMITH 532, BARBARA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3222 E HAMPSHIRE AVE
 City MILWAUKEE State WI Zip Code 53211
 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 ▼ 500.00

Date of Receipt 10 / 06 / 2017
Transaction ID : SA11AI.30659
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SMITH 637, KATHY Y, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 GOSHEN LN
 City JACKSON State MO Zip Code 63755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.30667
 Amount of Each Receipt this Period 100.00
 Memo Item

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 160 OF 218
	<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. SMITH 637, KATHY Y, , MS,
Mailing Address 328 GOSHEN LN

City JACKSON	State MO	Zip Code 63755
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) HOMEMAKER
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 / 16 / 2017
Transaction ID : SA11AI.30668

Amount of Each Receipt this Period
100.00

Memo Item

B. SMITH 891, RT, , MR,
Mailing Address 500 SHETLAND RD

City LAS VEGAS	State NV	Zip Code 89107
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 ▼ 300.00

Date of Receipt
09 / 04 / 2017
Transaction ID : SA11AI.30683

Amount of Each Receipt this Period
100.00

Memo Item

C. SMITH 891, RT, , MR,
Mailing Address 500 SHETLAND RD

City LAS VEGAS	State NV	Zip Code 89107
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 ▼ 400.00

Date of Receipt
12 / 04 / 2017
Transaction ID : SA11AI.30684

Amount of Each Receipt this Period
100.00

Memo Item

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 161 OF 218
	<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. SOTOS 156, VILMA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3120 TREELINE DR

City MURRYSVILLE	State PA	Zip Code 15668
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FRANKLIN REGIONAL SCHOOL	Occupation (for Individual) SECRETARY
---	--

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
07		06		2017

Transaction ID : SA11AI.30722

Amount of Each Receipt this Period
105.00

Memo Item

B. SOTOS 156, VILMA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3120 TREELINE DR

City MURRYSVILLE	State PA	Zip Code 15668
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FRANKLIN REGIONAL SCHOOL	Occupation (for Individual) SECRETARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

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

Transaction ID : SA11AI.30723

Amount of Each Receipt this Period
100.00

Memo Item

C. SOTOS 156, VILMA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3120 TREELINE DR

City MURRYSVILLE	State PA	Zip Code 15668
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FRANKLIN REGIONAL SCHOOL	Occupation (for Individual) SECRETARY
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2017

Transaction ID : SA11AI.30724

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 162 OF 218
	<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. SPOMER 827, CLARENCE J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 MEADOW LN

City GILLETTE	State WY	Zip Code 82718
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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : SA11AI.30751

Amount of Each Receipt this Period
 100.00

Memo Item

B. SPOMER 827, CLARENCE J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 MEADOW LN

City GILLETTE	State WY	Zip Code 82718
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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2017
Transaction ID : SA11AI.30752

Amount of Each Receipt this Period
 100.00

Memo Item

C. SPOMER 827, CLARENCE J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 MEADOW LN

City GILLETTE	State WY	Zip Code 82718
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
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.30753

Amount of Each Receipt this Period
 100.00

Memo Item

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 163 OF 218
	<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. STAGLIANO 194, ANTHONY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 PLYMOUTH RD
SUITE 200

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 ▼ 300.00

Date of Receipt 07 / 17 / 2017
Transaction ID : SA11AI.30776

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
SUITE 200

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 10 / 16 / 2017
Transaction ID : SA11AI.30777

Amount of Each Receipt this Period 100.00

Memo Item

C. STAUDTE 104, AGNES, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 REISS PL
APT 7K

City BRONX State NY Zip Code 10467

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 ▼ 256.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.30812

Amount of Each Receipt this Period 64.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 264.00

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 164 OF 218
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEFFEN 532, PETER M, , MR,

Mailing Address 8112 W DAPHNE ST

City MILWAUKEE	State WI	Zip Code 53223
-------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
11		08		2017

Transaction ID : SA11AI.30820

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STROOBANT 894, GLENDA, , MRS,

Mailing Address PO BOX 6719

City GARDNERVILLE	State NV	Zip Code 89460
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FGS AND ASSOCIATES LLC	Occupation (for Individual) CORP OFFICER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		19		2017

Transaction ID : SA11AI.30889

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STROOBANT 894, GLENDA, , MRS,

Mailing Address PO BOX 6719

City GARDNERVILLE	State NV	Zip Code 89460
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FGS AND ASSOCIATES LLC	Occupation (for Individual) CORP OFFICER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2017

Transaction ID : SA11AI.30890

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 165 OF 218
	<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. STRUIKSMA 907, MARVIN J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18360 SUMMER AVE

City ARTESIA	State CA	Zip Code 90701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) WEST COAST SANDS INC	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA11AI.30895

Amount of Each Receipt this Period
245.00

Memo Item

B. STUDEMAN 490, KENNETH J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65523 N CENTERVILLE RD

City STURGIS	State MI	Zip Code 49091
-----------------	-------------	-------------------

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 ▼
1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2017

Transaction ID : SA11AI.30909

Amount of Each Receipt this Period
300.00

Memo Item

C. SULLIVAN 372, JANE H, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6104 CHICKERING CT

City NASHVILLE	State TN	Zip Code 37215
-------------------	-------------	-------------------

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.30923

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 166 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SULLIVAN 372, JANE H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 CHICKERING CT
 City NASHVILLE State TN Zip Code 37215
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2017
Transaction ID : SA11AI.30924
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. SWANSON 530, BRENDA H, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 BLUFF AVE
 City SHEBOYGAN FALLS State WI Zip Code 53085
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.30969
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. SYLVESTER 483, FRANCIS L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3617 S ADAMS RD
 APT 107
 City ROCHESTER HILLS State MI Zip Code 48309
 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
 07 / 06 / 2017
Transaction ID : SA11AI.30977
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 167 OF 218
	<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. TAIRA 967, ANDY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 PUAHANUI WAY

City LAHAINA	State HI	Zip Code 96761
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LANDSCAPER	Occupation (for Individual) LABORER
---	--

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
07		10		2017

Transaction ID : SA11AI.30982

Amount of Each Receipt this Period
100.00

Memo Item

B. TAVERNETTI 891, TERRELL N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5903 BUFF BAY ST

City LAS VEGAS	State NV	Zip Code 89148
-------------------	-------------	-------------------

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
09		19		2017

Transaction ID : SA11AI.31006

Amount of Each Receipt this Period
150.00

Memo Item

C. TAVERNETTI 891, TERRELL N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5903 BUFF BAY ST

City LAS VEGAS	State NV	Zip Code 89148
-------------------	-------------	-------------------

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2017

Transaction ID : SA11AI.31007

Amount of Each Receipt this Period
150.00

Memo Item

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 168 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. TAYLOR 278, THEODORE T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4004 BRASSFIELD DR

City ROCKY MOUNT	State NC	Zip Code 27803
---------------------	-------------	-------------------

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
 07 / 31 / 2017

Transaction ID : SA11A1.31010

Amount of Each Receipt this Period
100.00

Memo Item

B. TAYLOR 278, THEODORE T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4004 BRASSFIELD DR

City ROCKY MOUNT	State NC	Zip Code 27803
---------------------	-------------	-------------------

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 / 30 / 2017

Transaction ID : SA11A1.31011

Amount of Each Receipt this Period
100.00

Memo Item

C. THIENEMAN 471, MARILYN F, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 SKY PARK DR NE

City CORYDON	State IN	Zip Code 47112
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MADERA MINISTRIES INC	Occupation (for Individual) VICE PRESIDENT
--	---

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
 07 / 21 / 2017

Transaction ID : SA11A1.31075

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 169 OF 218
	(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

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 MAJORITY FUND

A. THIENEMAN 471, MARILYN F, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 SKY PARK DR NE
 City CORYDON State IN Zip Code 47112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MADERA MINISTRIES INC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 23 / 2017**
Transaction ID : SA11AI.31076
 Amount of Each Receipt this Period 100.00
 Memo Item

B. THURSTON 633, MARIE P, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26773 MUENZ RD
 City WRIGHT CITY State MO Zip Code 63390
 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 **11 / 20 / 2017**
Transaction ID : SA11AI.31134
 Amount of Each Receipt this Period 50.00
 Memo Item

C. TIETJEN 183, JOHN W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 CRANBERRY CREEK RD
 City CRESCO State PA Zip Code 18326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEE DECORATING INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.31141
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 170 OF 218
	<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. TILLMAN 356, JACQUELINE P, , MS,
Mailing Address 2213 NAPLES DR SW

City DECATUR	State AL	Zip Code 35603
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 ▼ 230.00	

Date of Receipt
11 / 06 / 2017
Transaction ID : SA11AI.31145

Amount of Each Receipt this Period
50.00

Memo Item

B. TIMMER 493, THELMA E, , MRS,
Mailing Address 8740 KARI LN SW

City BYRON CENTER	State MI	Zip Code 49315
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DISABLED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Date of Receipt
11 / 10 / 2017
Transaction ID : SA11AI.31149

Amount of Each Receipt this Period
40.00

Memo Item

C. TIRPOK 085, DOROTHY, , MS,
Mailing Address 44 ELM ST

City LAMBERTVILLE	State NJ	Zip Code 08530
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 ▼ 225.00	

Date of Receipt
08 / 07 / 2017
Transaction ID : SA11AI.31157

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 171 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. TIRPOK 085, DOROTHY, , MS,

Mailing Address 44 ELM ST

City LAMBERTVILLE	State NJ	Zip Code 08530
----------------------	-------------	-------------------

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
 11 / 07 / 2017

Transaction ID : SA11AI.31158

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TRACY 882, FRANCIS, , MR,

Mailing Address PO BOX 868

City CARLSBAD	State NM	Zip Code 88221
------------------	-------------	-------------------

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 / 05 / 2017

Transaction ID : SA11AI.31194

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TRACY 882, FRANCIS, , MR,

Mailing Address PO BOX 868

City CARLSBAD	State NM	Zip Code 88221
------------------	-------------	-------------------

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
 12 / 21 / 2017

Transaction ID : SA11AI.31195

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 172 OF 218
<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. TREGEMBO 154, LETTY G, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 WHITEHALL RD

City DAISYTOWN	State PA	Zip Code 15427
-------------------	-------------	-------------------

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
07		28		2017

Transaction ID : SA11AI.31218

Amount of Each Receipt this Period

100.00

 Memo Item

B. TWAN 946, LIZ, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 SCENIC AVE

City PIEDMONT	State CA	Zip Code 94611
------------------	-------------	-------------------

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

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

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
08		04		2017

Transaction ID : SA11AI.31264

Amount of Each Receipt this Period

100.00

 Memo Item

C. TWAN 946, LIZ, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 SCENIC AVE

City PIEDMONT	State CA	Zip Code 94611
------------------	-------------	-------------------

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

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

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
11		06		2017

Transaction ID : SA11AI.31265

Amount of Each Receipt this Period

100.00

 Memo Item

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 173 OF 218
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. UMBERGER 253, CHERYL, , MS,			Date of Receipt
Mailing Address 1617 BERKSHIRE PL			<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City CHARLESTON	State WV	Zip Code 25314	Transaction ID : SA11AI.31277
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) CHARLESTON AREA MEDICAL CTR		Occupation (for Individual) MEDICAL	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. UMBERGER 253, CHERYL, , MS,			Date of Receipt
Mailing Address 1617 BERKSHIRE PL			<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City CHARLESTON	State WV	Zip Code 25314	Transaction ID : SA11AI.31278
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) CHARLESTON AREA MEDICAL CTR		Occupation (for Individual) MEDICAL	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. VAN BURKLEO 785, DORINDA, , MS,			Date of Receipt
Mailing Address 1400 W IRIS AVE			<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City MCALLEN	State TX	Zip Code 78501	Transaction ID : SA11AI.31300
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="105.00"/>
Name of Employer (for Individual) NONE		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 174 OF 218
	<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. VANHORN 206, BRUCE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2432 PINEFIELD RD

City WALDORF	State MD	Zip Code 20601
-----------------	-------------	-------------------

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
11	/	22	/	2017

Transaction ID : SA11AI.31330

Amount of Each Receipt this Period

100.00

 Memo Item

B. VAN LEEUWEN 907, CHERYL, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5958 LORELEI AVE

City LAKEWOOD	State CA	Zip Code 90712
------------------	-------------	-------------------

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 ▼
- 25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

Transaction ID : SA11AI.31311

Amount of Each Receipt this Period

- 25.00

 Memo Item

C. VAN LEEUWEN 907, CHERYL, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5958 LORELEI AVE

City LAKEWOOD	State CA	Zip Code 90712
------------------	-------------	-------------------

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 ▼
- 50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

Transaction ID : SA11AI.31312

Amount of Each Receipt this Period

- 25.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 175 OF 218
	<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. VAN LEEUWEN 907, CHERYL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5958 LORELEI AVE
 City LAKEWOOD State CA Zip Code 90712
 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 ▼ - 25.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.31313
 Amount of Each Receipt this Period 25.00
 Memo Item

B. VAN PELT 190, PETER, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1255 GULPH CREEK DR
 City RADNOR State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF EMPLOYED CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.31314
 Amount of Each Receipt this Period 100.00
 Memo Item

C. VICK 293, GLEN F, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 SYDNOR RD
 City SPARTANBURG State SC Zip Code 29307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 18 / 2017**
Transaction ID : SA11AI.31374
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 176 OF 218
	(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. VON DUYKE 221, FRANCES, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5611 HEMING AVE

City SPRINGFIELD	State VA	Zip Code 22151
---------------------	-------------	-------------------

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

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

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
12	/	25	/	2017

Transaction ID : SA11Al.31411

Amount of Each Receipt this Period
50.00

Memo Item

B. WALKER 954, KATHERINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 S LAKE DR

City KELSEYVILLE	State CA	Zip Code 95451
---------------------	-------------	-------------------

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
08	/	07	/	2017

Transaction ID : SA11Al.31450

Amount of Each Receipt this Period
100.00

Memo Item

C. WALKER 954, KATHERINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 S LAKE DR

City KELSEYVILLE	State CA	Zip Code 95451
---------------------	-------------	-------------------

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
11	/	06	/	2017

Transaction ID : SA11Al.31451

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 177 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. WALLACE 992, MARILYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 S BLAKE RD
 City SPOKANE VALLEY State WA Zip Code 99216
 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 ▼ 257.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.31455
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WALLACE 992, MARILYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 S BLAKE RD
 City SPOKANE VALLEY State WA Zip Code 99216
 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 ▼ 307.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.31456
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WALSH 067, GERRI, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 ROUTE 7
 City WEST CORNWALL State CT Zip Code 06796
 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 09 / 04 / 2017
Transaction ID : SA11AI.31460
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
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 178 OF 218
<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. WARREN 349, FRANK E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 626
 City STUART State FL Zip Code 34995
 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 **08 / 01 / 2017**
Transaction ID : SA11AI.31482
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WARREN 349, FRANK E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 626
 City STUART State FL Zip Code 34995
 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 **11 / 21 / 2017**
Transaction ID : SA11AI.31483
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WEBER 664, JULIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7149 SW HODGES RD
 City AUBURN State KS Zip Code 66402
 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 **08 / 23 / 2017**
Transaction ID : SA11AI.31539
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 179 OF 218
	<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. WELLS 410, GAYLE D, , MS,
Mailing Address 1728 LAFAYETTE CT

City HEBRON	State KY	Zip Code 41048
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 ▼ 250.00	

Date of Receipt
08 / 18 / 2017
Transaction ID : SA11AI.31577

Amount of Each Receipt this Period
50.00

Memo Item

B. WELLS 410, GAYLE D, , MS,
Mailing Address 1728 LAFAYETTE CT

City HEBRON	State KY	Zip Code 41048
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
11 / 20 / 2017
Transaction ID : SA11AI.31578

Amount of Each Receipt this Period
50.00

Memo Item

C. WENRICK 741, MARIE, , MRS,
Mailing Address 10623 S OXFORD AVE

City TULSA	State OK	Zip Code 74137
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) WENRICK DEVELOPMENT		Occupation (for Individual) DEVELOPER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 207.00	

Date of Receipt
07 / 27 / 2017
Transaction ID : SA11AI.31585

Amount of Each Receipt this Period
207.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.00
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 180 OF 218
	<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. WHYTE 400, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12733 CRESTMOOR CIR
 City PROSPECT State KY Zip Code 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 27 / 2017**
Transaction ID : SA11AI.31679
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WILLIAMS 347, BOBBY E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5272 COUNTY ROAD 114D
 City WILDWOOD State FL Zip Code 34785
 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 **08 / 07 / 2017**
Transaction ID : SA11AI.31724
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WILLIAMS 347, BOBBY E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5272 COUNTY ROAD 114D
 City WILDWOOD State FL Zip Code 34785
 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 **11 / 06 / 2017**
Transaction ID : SA11AI.31725
 Amount of Each Receipt this Period 100.00
 Memo Item

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 181 OF 218
<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. WILLIAMS 481, TERRANCE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11409 SOUTHWORTH AVE

City PLYMOUTH	State MI	Zip Code 48170
------------------	-------------	-------------------

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

Name of Employer (for Individual) WILLIAMS USA LLC	Occupation (for Individual) BUSINESS OWNER
---	---

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
08	/	17	/	2017

Transaction ID : SA11AI.31731

Amount of Each Receipt this Period
100.00

Memo Item

B. WILSON 554, MARY J, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 GOLDEN VALLEY RD
APT 330

City MINNEAPOLIS	State MN	Zip Code 55427
---------------------	-------------	-------------------

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
07	/	20	/	2017

Transaction ID : SA11AI.31765

Amount of Each Receipt this Period
40.00

Memo Item

C. WILSON 554, MARY J, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 GOLDEN VALLEY RD
APT 330

City MINNEAPOLIS	State MN	Zip Code 55427
---------------------	-------------	-------------------

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
07	/	25	/	2017

Transaction ID : SA11AI.31766

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
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 182 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. WILSON 554, MARY J, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8300 GOLDEN VALLEY RD
 APT 330
 City MINNEAPOLIS State MN Zip Code 55427
 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 ▼ 475.00

Date of Receipt **10 / 25 / 2017**
Transaction ID : SA11AI.31767
 Amount of Each Receipt this Period 75.00
 Memo Item

B. WILSON 554, MARY J, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8300 GOLDEN VALLEY RD
 APT 330
 City MINNEAPOLIS State MN Zip Code 55427
 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 ▼ 525.00

Date of Receipt **11 / 15 / 2017**
Transaction ID : SA11AI.31768
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WINTER 685, LUCIENNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6320 S 66TH ST
 City LINCOLN State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISTRIBUTION INC Occupation (for Individual) SECRETARY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : SA11AI.31786
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 183 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. WINTER 685, LUCIENNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6320 S 66TH ST
 City LINCOLN State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISTRIBUTION INC Occupation (for Individual) SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 07 / 2017
Transaction ID : SA11AI.31787
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WITHERS 327, RICHARD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2436 WYNDAM BAY PL
 City APOPKA State FL Zip Code 32703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RICHARD W WITHERS LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.31802
 Amount of Each Receipt this Period 110.00
 Memo Item

C. WITHERS 327, RICHARD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2436 WYNDAM BAY PL
 City APOPKA State FL Zip Code 32703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RICHARD W WITHERS LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.31803
 Amount of Each Receipt this Period - 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 184 OF 218
	<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. WIXSON 917, JOANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 S ISABELLA AVE
 City MONTEREY PARK State CA Zip Code 91754
 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 11 / 22 / 2017
Transaction ID : SA11AI.31810
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WOTIPKA 553, LINDA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 DICKENSON ST
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L A WOTIPKA ENTERPRISES INC Occupation (for Individual) BUILDING INSPECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 11 / 2017
Transaction ID : SA11AI.31849
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WOTIPKA 553, LINDA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 DICKENSON ST
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L A WOTIPKA ENTERPRISES INC Occupation (for Individual) BUILDING INSPECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI.31850
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 185 OF 218
	(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. WRIGHT 226, MARGARET, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

Transaction ID : SA11AI.31858

Amount of Each Receipt this Period
100.00

Memo Item

B. WRIGHT 226, MARGARET, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

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 ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2017

Transaction ID : SA11AI.31859

Amount of Each Receipt this Period
75.00

Memo Item

C. WRIGHT 226, MARGARET, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.31860

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 186 OF 218
	<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. YEAMAN 943, SCOTT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2025 E BAYSHORE RD

City PALO ALTO	State CA	Zip Code 94303
-------------------	-------------	-------------------

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

Name of Employer (for Individual) YEAMAN AUTOBODY INC	Occupation (for Individual) SMALL BUSINESS OWNER
--	---

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
11	/	06	/	2017

Transaction ID : SA11AI.31896

Amount of Each Receipt this Period
200.00

Memo Item

B. YEARSLEY 083, DONNA M, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 ESTELLE AVE

City DOROTHY	State NJ	Zip Code 08317
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MAXIM HEALTHCARE SERVICES	Occupation (for Individual) MEDICAL
--	--

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
12	/	26	/	2017

Transaction ID : SA11AI.31898

Amount of Each Receipt this Period
50.00

Memo Item

C. YOUNG 077, ROSEMARIE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 JARED LN

City MANALAPAN	State NJ	Zip Code 07726
-------------------	-------------	-------------------

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
12	/	13	/	2017

Transaction ID : SA11AI.31909

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 187 OF 218
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZILINSKIS 341, THELMA N, , MS,

Mailing Address 3121 GOLFSIDE DR

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

Transaction ID : SA11AI.31965

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZOLLINGER 953, DAVID, , MR,

Mailing Address 1160 CORTA VISTA ST

City TURLOCK	State CA	Zip Code 95380
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

Transaction ID : SA11AI.31973

Amount of Each Receipt this Period
40.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	54807.00

**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 188 OF 218
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON	State OH	Zip Code 44333
---------------	-------------	-------------------

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 ▼
722.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2017

Transaction ID : SA17.31997

Amount of Each Receipt this Period
722.13

Memo Item
LIST RENTAL INCOME

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).....	722.13
TOTAL This Period (last page this line number only).....	722.13

**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. BAKER HOSTETLER LLP		Date of Disbursement MM / DD / YYYY 07 / 08 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00524454 Transaction ID : SB21B.32026
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES RETAINER		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 2500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BAKER HOSTETLER LLP		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00524454 Transaction ID : SB21B.32059
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES RETAINER		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 2500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BAKER HOSTETLER LLP		Date of Disbursement MM / DD / YYYY 09 / 02 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00524454 Transaction ID : SB21B.3206t
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES RETAINER		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 2500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. BAKER HOSTETLER LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2017

Mailing Address 1050 CONNECTICUT AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES RETAINER

001

FEC Identification Number

C C00524454

Transaction ID : SB21B.32061

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BAKER HOSTETLER LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2017

Mailing Address 1050 CONNECTICUT AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES RETAINER

001

FEC Identification Number

C C00524454

Transaction ID : SB21B.32062

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. BAKER HOSTETLER LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2017

Mailing Address 1050 CONNECTICUT AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES RETAINER

001

FEC Identification Number

C C00524454

Transaction ID : SB21B.32063

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

7500.00

**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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32029
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 86.56
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32035
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 422.25
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32041
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 875.59
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	1384.40
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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 07 / 07 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32047		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement BANK FEE: ACH USA ePAY		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 07 / 25 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32053		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 257.14		
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 04 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32030		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 76.49		
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

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

353.63

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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 04 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32036
Amount of Each Disbursement this Period
564.02

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 04 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32042
Amount of Each Disbursement this Period
766.39

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 08 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: ACH USA ePAY				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32048
Amount of Each Disbursement this Period
20.00

SUBTOTAL of Disbursements This Page (optional).....▶	1350.41
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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 22 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: AMEX COLLECTION FEE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32027
Amount of Each Disbursement this Period
7.95

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 22 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32054
Amount of Each Disbursement this Period
192.56

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 09 / 05 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32031
Amount of Each Disbursement this Period
78.53

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

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

279.04

**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. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 09 / 05 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32037		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 490.58		
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 09 / 05 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32043		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 824.77		
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32045		
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement BANK FEE: ACH USA ePAY		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

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

1335.35

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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 09 / 22 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32055	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 208.55	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32032	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 46.89	
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32032	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 265.30	
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

520.74

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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 04 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32044
Amount of Each Disbursement this Period
466.12

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 10 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: ACH USA ePAY				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32050
Amount of Each Disbursement this Period
20.00

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 24 / 2017		
Mailing Address 2353 TOWN CENTER DR					
City SUGARLAND		State TX	Zip Code 77478		
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE				Category/ Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND					
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.32056
Amount of Each Disbursement this Period
165.12

SUBTOTAL of Disbursements This Page (optional).....▶	651.24
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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32033	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 408.39	
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32039	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 56.35	
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32045	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 555.09	
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____			

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

1019.83

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) A. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32051
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: ACH USA ePAY		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32028
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: AMEX COLLECTION FEE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 7.95
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.32057
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 188.44
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

216.39

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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.32034	
Purpose of Disbursement BANK FEE: BOFA CC DISCOUNT CHARGES			Amount of Each Disbursement this Period 75.20	
Candidate Name CONSERVATIVE MAJORITY FUND			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. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.32040	
Purpose of Disbursement BANK FEE: BOFA MERCHANT SERVICE CHARGE			Amount of Each Disbursement this Period 551.15	
Candidate Name CONSERVATIVE MAJORITY FUND			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) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.32046	
Purpose of Disbursement BANK FEE: BOFA MERCHANT INTERCHNG FEE			Amount of Each Disbursement this Period 778.13	
Candidate Name CONSERVATIVE MAJORITY FUND			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			

SUBTOTAL of Disbursements This Page (optional).....▶	1404.48
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) A. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32052	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEE: ACH USA ePAY		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address 2353 TOWN CENTER DR			FEC Identification Number C00524454 Transaction ID : SB21B.32058	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 168.48	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP			Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 325 SPRINGSIDE DRIVE			FEC Identification Number C00524454 Transaction ID : SB21B.32008	
City AKRON	State OH	Zip Code 44333	Amount of Each Disbursement this Period 2807.55	
Purpose of Disbursement TELEMARKETING PHONE BANK		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	2996.03
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) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 07 / 27 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB21B.32009 Amount of Each Disbursement this Period 2391.55
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement TELEMARKETING PHONE BANK	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND	Category/Type 003	
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: _____		

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB21B.32010 Amount of Each Disbursement this Period 2304.35
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement TELEMARKETING PHONE BANK	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND	Category/Type 003	
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: _____		

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB21B.32011 Amount of Each Disbursement this Period 1189.81
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement TELEMARKETING PHONE BANK	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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

5885.71

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

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
09		12		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
TELEMARKETING PHONE BANK

003
Category/ Type

C C00524454
Transaction ID : SB21B.32012

Candidate Name

CONSERVATIVE MAJORITY FUND

Amount of Each Disbursement this Period

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

977.27

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		05		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
TELEMARKETING PHONE BANK

003
Category/ Type

C C00524454
Transaction ID : SB21B.32013

Candidate Name

CONSERVATIVE MAJORITY FUND

Amount of Each Disbursement this Period

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

1799.00

State: District:

Memo Item

C. 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		18		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
TELEMARKETING PHONE BANK

003
Category/ Type

C C00524454
Transaction ID : SB21B.32014

Candidate Name

CONSERVATIVE MAJORITY FUND

Amount of Each Disbursement this Period

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

1458.10

State: District:

Memo Item

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

4234.37

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

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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 MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING PHONE BANK

003

Candidate Name
CONSERVATIVE MAJORITY FUND

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2017			

FEC Identification Number

C C00524454

Transaction ID : SB21B.32015

Amount of Each Disbursement this Period

1420.19

Memo Item

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING PHONE BANK

003

Candidate Name
CONSERVATIVE MAJORITY FUND

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2017			

FEC Identification Number

C C00524454

Transaction ID : SB21B.32016

Amount of Each Disbursement this Period

1083.19

Memo Item

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING PHONE BANK

003

Candidate Name
CONSERVATIVE MAJORITY FUND

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

State: District:

Date of Disbursement

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

FEC Identification Number

C C00524454

Transaction ID : SB21B.32064

Amount of Each Disbursement this Period

1083.20

Memo Item

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

3586.58

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

A. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 08 / 2017

FEC Identification Number: C00524454
Transaction ID : SB21B.32002

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 02 / 2017

FEC Identification Number: C00524454
Transaction ID : SB21B.32003

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 02 / 2017

FEC Identification Number: C00524454
Transaction ID : SB21B.32004

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

7500.00

**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. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 10 / 01 / 2017
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		FEC Identification Number C00524454 Transaction ID : SB21B.32005 Amount of Each Disbursement this Period 2500.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		001 Category/ Type
Candidate Name CONSERVATIVE MAJORITY FUND		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: _____	

Full Name (Last, First, Middle Initial) B. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		FEC Identification Number C00524454 Transaction ID : SB21B.32006 Amount of Each Disbursement this Period 2500.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		001 Category/ Type
Candidate Name CONSERVATIVE MAJORITY FUND		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: _____	

Full Name (Last, First, Middle Initial) C. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		FEC Identification Number C00524454 Transaction ID : SB21B.32007 Amount of Each Disbursement this Period 2500.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		001 Category/ Type
Candidate Name CONSERVATIVE MAJORITY FUND		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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. STRATEGIC CAMPAIGN GROUP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 191 MAIN STREET
SUITE 310

M M M	/	D D D	/	Y Y Y Y Y
12		07		2017

City ANNAPOLIS State MD Zip Code 21401

FEC Identification Number

Purpose of Disbursement
DATA FILE APPEND & DATA UPDATE

001
Category/ Type

C C00524454

Transaction ID : SB21B.31998

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

1918.99

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. WELLS FARGO BANK

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1711 FERN STREET

M M M	/	D D D	/	Y Y Y Y Y
09		29		2017

City ALEXANDRIA State VA Zip Code 22363

FEC Identification Number

Purpose of Disbursement
BANK FEE: MONTHLY SERVICE CHARGE

001
Category/ Type

C C00524454

Transaction ID : SB21B.31989

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

14.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C. WELLS FARGO BANK

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1711 FERN STREET

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

City ALEXANDRIA State VA Zip Code 22363

FEC Identification Number

Purpose of Disbursement
BANK FEE: ONLINE DEPOSIT DETAIL & IMAGES

001
Category/ Type

C C00524454

Transaction ID : SB21B.31994

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

3.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

1935.99

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

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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 MAJORITY FUND

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2017	
Mailing Address 1711 FERN STREET				
City ALEXANDRIA		State VA	Zip Code 22363	
Purpose of Disbursement BANK FEE: MONTHLY SERVICE CHARGE			Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND				
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:		Amount of Each Disbursement this Period 14.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 30 / 2017	
Mailing Address 1711 FERN STREET				
City ALEXANDRIA		State VA	Zip Code 22363	
Purpose of Disbursement BANK FEE: MONTHLY SERVICE CHARGE			Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND				
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:		Amount of Each Disbursement this Period 14.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK			Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 08 / 2017	
Mailing Address 1711 FERN STREET				
City ALEXANDRIA		State VA	Zip Code 22363	
Purpose of Disbursement BANK FEE: ONLINE DEPOSIT DETAIL & IMAGES			Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND				
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:		Amount of Each Disbursement this Period 3.00		
<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....	31.00
TOTAL This Period (last page this line number only).....	31.00

**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)	PAGE 209 OF 218
	<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. WELLS FARGO BANK	Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 29 / 2017
Mailing Address 1711 FERN STREET	FEC Identification Number C C00524454 Transaction ID : SB21B.31992
City ALEXANDRIA State VA Zip Code 22363	Amount of Each Disbursement this Period 14.00
Purpose of Disbursement BANK FEE: MONTHLY SERVICE CHARGE	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B.	Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address	FEC Identification Number C
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period
Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C.	Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address	FEC Identification Number C
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period
Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....	14.00
TOTAL This Period (last page this line number only).....	57199.19

**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)

Date of Disbursement

Mailing Address 325 SPRINGSIDE DRIVE

M M M	/	D D D	/	Y Y Y Y Y
07		11		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
FACEBOOK ADS (PRO-TRUMP AGENDA)

004
Category/ Type

C00524454

Transaction ID : SB29.32019

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

25267.98

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
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
07		27		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
FACEBOOK ADS (PRO-TRUMP AGENDA)

004
Category/ Type

C00524454

Transaction ID : SB29.32020

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

21523.90

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

Memo Item

C. 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
08		10		2017

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
FACEBOOK ADS (PRO-TRUMP AGENDA)

004
Category/ Type

C00524454

Transaction ID : SB29.32021

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

20739.15

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)..... ▶

67531.03

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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

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB29.32022
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)		Category/Type 004
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 10708.32
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 09 / 12 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB29.32023
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)		Category/Type 004
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 8795.42
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 Transaction ID : SB29.32024
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)		Category/Type 004
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 16191.03
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

35694.77

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 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

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP			Date of Disbursement MM / DD / YYYY 10 / 18 / 2017	
Mailing Address 325 SPRINGSIDE DRIVE				
City AKRON	State OH	Zip Code 44333	FEC Identification Number C00524454 Transaction ID : SB29.32025 Amount of Each Disbursement this Period 13122.87	
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)			004 Category/Type	
Candidate Name CONSERVATIVE MAJORITY FUND			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:				

Full Name (Last, First, Middle Initial) B. STRATEGIC CAMPAIGN GROUP			Date of Disbursement MM / DD / YYYY 10 / 12 / 2017	
Mailing Address 191 MAIN STREET SUITE 310				
City ANNAPOLIS	State MD	Zip Code 21401	FEC Identification Number C00524454 Transaction ID : SB29.32000 Amount of Each Disbursement this Period 2690.00	
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)			004 Category/Type	
Candidate Name CONSERVATIVE MAJORITY FUND			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:				

Full Name (Last, First, Middle Initial) C. STRATEGIC CAMPAIGN GROUP			Date of Disbursement MM / DD / YYYY 10 / 24 / 2017	
Mailing Address 191 MAIN STREET SUITE 310				
City ANNAPOLIS	State MD	Zip Code 21401	FEC Identification Number C00524454 Transaction ID : SB29.31996 Amount of Each Disbursement this Period 1590.00	
Purpose of Disbursement FACEBOOK ADS (PRO-TRUMP AGENDA)			004 Category/Type	
Candidate Name CONSERVATIVE MAJORITY FUND			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:				

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

17402.87

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 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. STRATEGIC CAMPAIGN GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN STREET
SUITE 310

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
FACEBOOK ADS (PRO-TRUMP AGENDA)

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

FEC Identification Number
C C00524454
Transaction ID : SB29.32001
Amount of Each Disbursement this Period
1625.00

Memo Item

B. STRATEGIC CAMPAIGN GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN STREET
SUITE 310

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
FACEBOOK ADS (PRO-TRUMP AGENDA)

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

FEC Identification Number
C C00524454
Transaction ID : SB29.31999
Amount of Each Disbursement this Period
1325.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
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)..... ▶

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

2950.00
123578.67

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 214 OF 218
	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 INFOCISION MANAGEMENT CORP			Nature of Debt (Purpose): TELEMARKETING SERVICES
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period		Transaction ID : SD10.32065	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
19000.00	0.00	19000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	19000.00
2) TOTALS This Period (last page this line number only)..... ▶	19000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	19000.00

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
VOTER CONTACT COMMUNICATIONS
Category/Type
004
Name of Federal Candidate:
COLLINS, SUSAN M, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT COMMUNICATIONS
Category/Type
004
Name of Federal Candidate:
CORKER, ROBERT P, , JR
Support Oppose
Office Sought:
House Senate
District:
00 State:
TN
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

01 / 29 / 2018

Signature

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
Name of Federal Candidate:
COLLINS, SUSAN M, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
7777.55
Disbursement For:
Primary General
2020 Other (specify)

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
Name of Federal Candidate:
CORKER, ROBERT P, , JR
Support Oppose
Office Sought:
House Senate
District:
00 State:
TN
Calendar Year-To-Date
Per Election for Office Sought
7777.55
Disbursement For:
Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15555.10
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 01 / 29 / 2018

Signature

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
Name of Federal Candidate:
COLLINS, SUSAN M, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
12634.43
Disbursement For:
Primary General
2020 Other (specify)

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
Name of Federal Candidate:
CORKER, ROBERT P, , JR
Support Oppose
Office Sought:
House Senate
District:
00 State:
TN
Calendar Year-To-Date
Per Election for Office Sought
12634.43
Disbursement For:
Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
9713.76
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

01 / 29 / 2018

Signature

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
Name of Federal Candidate: COLLINS, SUSAN M, ,
Disbursement For: 2020

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
Name of Federal Candidate: CORKER, ROBERT P, , JR
Disbursement For: 2018

(a) SUBTOTAL of Itemized Independent Expenditures 11496.32
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 36765.18

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 01 / 29 / 2018

Signature