

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CONSERVATIVE MAJORITY FUND

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

ATTN: SCOTT B MACKENZIE  
 Check if different than previously reported. (ACC)  
ARLINGTON VA 22206

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

C C00524454

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 08 / 2016 in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

MACKENZIE, SCOTT B, , ,

Type or Print Name of Treasurer

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10 / 26 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="8816.68"/>	<input type="text" value="8816.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73681.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33544.34"/>	<input type="text" value="828942.43"/>
(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="107225.39"/>	<input type="text" value="837759.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="890.24"/>	<input type="text" value="731423.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="106335.15"/>	<input type="text" value="106335.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="276790.88"/>	

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).....	6600.00	54402.00
(ii) Unitemized .....	26944.34	767058.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33544.34	821460.28
(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) .....	33544.34	821460.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	300.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	7182.15
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)).....▶	33544.34	828942.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33544.34	828942.43

**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 .....	890.24	128949.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	890.24	128949.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1900.00
24. Independent Expenditures (use Schedule E) .....	0.00	596689.81
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	85.00
(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	85.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	890.24	731423.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	890.24	731423.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33544.34	821460.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33544.34	821375.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	890.24	128949.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	890.24	128949.15

**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 24
	<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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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. AHLBUM 330, JON S., MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) JON AHLBUM PA Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11AI.38626**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. BOLEN 618, RICHARD, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 CLUBHOUSE DR  
 City CHAMPAIGN State IL Zip Code 61822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11AI.38688**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. BOND 240, FRANK G., MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6339 BUNKER CIR  
 City ROANOKE State VA Zip Code 24019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11AI.38690**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 24
	(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. BREITFELDER 452, WILLIAM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7429 DOG TROT RD

City CINCINNATI	State OH	Zip Code 45248
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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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA11AI.38705**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. BURNETT 354, LENORA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 848 AMBERWOOD DR

City TUSCALOOSA	State AL	Zip Code 35405
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.38723**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CARTER 391, LAURANCE W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 521 N FIRST ST

City ROLLING FORK	State MS	Zip Code 39159
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MYSELF	Occupation (for Individual) LABORER
---	--

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		17		2016

**Transaction ID : SA11AI.38749**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. CASEY 306, BECKY G, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1761 A P ROPER RD

City GREENSBORO	State GA	Zip Code 30642
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : SA11AI.38750**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. CLARKSON 469, JOYCE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3293 WOODHAVEN TRL

City KOKOMO	State IN	Zip Code 46902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JOYCE CLARKSON INC	Occupation (for Individual) BUSINESS SERVICES CONSULTANT
---	---

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		19		2016

**Transaction ID : SA11AI.38767**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. COLUCCI 100, FLEURETTE E, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 E 47TH ST APT 38C

City NEW YORK	State NY	Zip Code 10017
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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
10		18		2016

**Transaction ID : SA11AI.38775**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. COPPLE 372, GEORGE E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 BRIGHTON CLOSE

City NASHVILLE	State TN	Zip Code 37205
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.38788**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. DICK 280, KATHY L, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43650 RUMMAGE RD

City ALBEMARLE	State NC	Zip Code 28001
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : SA11AI.38548**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. DICKSON 809, N STUART, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1735 OSAGE WAY

City COLORADO SPRINGS	State CO	Zip Code 80915
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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 ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : SA11AI.38551**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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. 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
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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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA11AI.38556**

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

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

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		11		2016

**Transaction ID : SA11AI.38566**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. FLEMING 770, SHARON, , MS,**  
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
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FEC ID number of contributing federal political committee. **C**

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

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
10		06		2016

**Transaction ID : SA11AI.38601**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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. FOSS 220, PETER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4414 JENSEN PL

City FAIRFAX	State VA	Zip Code 22032
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : SA11AI.38614**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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
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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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : SA11AI.38809**

Amount of Each Receipt this Period  
150.00

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
10		13		2016

**Transaction ID : SA11AI.38827**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. GRIMSLEY 799, GLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 LOS JARDINES CIR  
 City EL PASO State TX Zip Code 79912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARKANSAS VALLEY PRODUCE CO Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11AI.38832**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HANLON 016, PHILIP, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 BURNCOAT ST  
 City WORCESTER State MA Zip Code 01606  
 FEC ID number of contributing 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 10 / 12 / 2016  
**Transaction ID : SA11AI.38852**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. HARE 486, HAROLD W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11AI.38857**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
<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. HOFER 956, KAREN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9244 CUPERTINO DR

City ELK GROVE	State CA	Zip Code 95624
-------------------	-------------	-------------------

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	/	2016

**Transaction ID : SA11AI.38891**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. KALB 349, ARNO G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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:  
 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	/	17	/	2016

**Transaction ID : SA11AI.38969**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. KESTLER 973, VALETA W, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3807 MIDWAY AVE NE

City SALEM	State OR	Zip Code 97301
---------------	-------------	-------------------

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

Name of Employer (for Individual) ABIQUA STUMP GRINDING INC	Occupation (for Individual) PRESIDENT
--	--

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	/	14	/	2016

**Transaction ID : SA11AI.38983**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. KNIGHT 301, BETTY, , MS,**  
Mailing Address 3807 SPRING MEADOW DR

City ACWORTH	State GA	Zip Code 30101
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Date of Receipt  
**10 / 14 / 2016**  
**Transaction ID : SA11AI.39001**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**B. LESTER 950, LINDA L, , MS,**  
Mailing Address 2425 RIC DR

City GILROY	State CA	Zip Code 95020
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Date of Receipt  
**10 / 17 / 2016**  
**Transaction ID : SA11AI.39028**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C. MANOLAKAKIS 077, GEORGE E, , MR,**  
Mailing Address 1907 WESTFIELD ST

City OAKHURST	State NJ	Zip Code 07755
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) OAKHURST PHARMACY		Occupation (for Individual) PHARMACIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**10 / 10 / 2016**  
**Transaction ID : SA11AI.39069**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<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. MILLER 440, EMANUAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1851 STATE ROUTE 7  
 City ANDOVER State OH Zip Code 44003  
 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 10 / 05 / 2016  
**Transaction ID : SA11AI.39105**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. MOORMAN 704, WILLIAM E, , MR,**  
 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) Occupation (for Individual)  
 G&D MACHINE SHOP MACHINIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA11AI.39122**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. NOZNISKY 142, SARAH A, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 HARDING AVE  
 City BUFFALO State NY Zip Code 14217  
 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 10 / 10 / 2016  
**Transaction ID : SA11AI.39158**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 24
	(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. PANEBIANCO 112, SHIRLEY, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : SA11AI.39174**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. PHILPIT 334, MARY T, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 WORTH AVE APT 417  
 City PALM BEACH State FL Zip Code 33480  
 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 10 / 10 / 2016  
**Transaction ID : SA11AI.39209**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. PITCAIRN 190, BEATRICE S, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 HUNTINGDON RD  
 City HUNTINGDON VY State PA Zip Code 19006  
 FEC ID number of contributing 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 / 05 / 2016  
**Transaction ID : SA11AI.39212**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 24
	(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. POWIS 231, ROBERT E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14301 BRANDERMILL WOODS TRL AP

City MIDLOTHIAN	State VA	Zip Code 23112
--------------------	-------------	-------------------

FEC ID number of contributing 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		10		2016

**Transaction ID : SA11AI.39217**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. PRIOR 980, LUCILE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5046 117TH AVE SE

City BELLEVUE	State WA	Zip Code 98006
------------------	-------------	-------------------

FEC ID number of contributing 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		12		2016

**Transaction ID : SA11AI.39224**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. PUCCIA 805, GERARD J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 804 SUMMERHAWK DR  
UNIT 202

City LONGMONT	State CO	Zip Code 80504
------------------	-------------	-------------------

FEC ID number of contributing 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		12		2016

**Transaction ID : SA11AI.39225**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 24  
(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. RO 019, RUTH, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 LYNN FELLS PKWY  
 City SAUGUS State MA Zip Code 01906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOSTON STREET RO FAMILY LLC Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11AI.39249**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ROBERTSON 774, GLENDINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35097 MAYER RD  
 City HEMPSTEAD State TX Zip Code 77445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11AI.39259**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. RYAN 334, ANNE M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) SELF EMPLOYED Occupation (for Individual) MUSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11AI.39279**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**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 24
<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. SHIELDS 481, ROY R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10171 MOOREVILLE RD

City SALINE	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer (for Individual) BANK SUPPLIES INC	Occupation (for Individual) PRESIDENT & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : SA11AI.39314**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SHOWS 706, GINGER A, , DR, MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 812 WOODLAND ESTATES DR

City LAKE CHARLES	State LA	Zip Code 70605
----------------------	-------------	-------------------

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

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

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
10	/	03	/	2016

**Transaction ID : SA11AI.39319**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. THOMPSON 648, ERNEST, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 406 RUBY RD

City CARL JUNCTION	State MO	Zip Code 64834
-----------------------	-------------	-------------------

FEC ID number of contributing 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	/	2016

**Transaction ID : SA11AI.39406**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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. TINNING 489, FREDERICK, , DR,**  
Mailing Address 2532 WINDBREAK LN

City LANSING	State MI	Zip Code 48910
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 ▼ 250.00	

Date of Receipt  
10 / 12 / 2016  
Transaction ID : SA11AI.39407

Amount of Each Receipt this Period  
50.00

Memo Item

**B. WALSH 067, GERRI, , MS,**  
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
10 / 03 / 2016  
Transaction ID : SA11AI.39452

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WHITE 940, JOAN C, , MRS,**  
Mailing Address 1517 SPINNAKER LN

City HALF MOON BAY	State CA	Zip Code 94019
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 ▼ 275.00	

Date of Receipt  
10 / 17 / 2016  
Transaction ID : SA11AI.39468

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 24
	(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

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. WINTERS 836, CAROLYN B, , MS,**  
Mailing Address PO BOX 535

City CASCADE	State ID	Zip Code 83611
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 / 10 / 2016

**Transaction ID : SA11AI.39485**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. WOODALL 317, ETHEL, , MS,**  
Mailing Address 2017 BEATTIE RD

City ALBANY	State GA	Zip Code 31721
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 / 19 / 2016

**Transaction ID : SA11AI.39491**

Amount of Each Receipt this Period  
75.00

Memo Item

**C.**  
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6600.00

**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. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
WIRE TRANSFER FEE

001  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.38512**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RAISE THE MONEY**

Mailing Address PO BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

001  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.38518**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC CAMPAIGN GROUP**

Mailing Address 191 MAIN STREET  
SUITE 310

City ANNAPOLIS State MD Zip Code 22203

Purpose of Disbursement  
DATA APPENDS MAINTENANCE & FILE WORK

001  
Category/  
Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.38516**

Amount of Each Disbursement this Period

Memo Item

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

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

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

**LOANS**

NAME OF COMMITTEE (In Full) **CONSERVATIVE MAJORITY FUND** Transaction ID : **SC/10.7128**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MACKENZIE, SCOTT B, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S ARLINGTON MILL DR				
City ARLINGTON	State VA	ZIP Code 22206		

Original Amount of Loan 800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 800.00
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**TERMS**

Date Incurred MM / DD / YYYY 03 / 09 / 2015	Date Due MM / DD / YYYY UPON REQUEST	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	800.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	800.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 24
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.27600</b>	
275990.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	275990.88	

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	275990.88
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	275990.88
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	800.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	276790.88