

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

COURAGEOUS CONSERVATIVES PAC

ADDRESS (number and street) 7509 NW TIFFANY SPRINGS PKWY SUITE 300 KANSAS CITY MO 64153

X Check if different than previously reported. (ACC)

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

C C00587022

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2016 through 06 30 2016

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

Type or Print Name of Treasurer Elizabeth Curtis

Signature of Treasurer Elizabeth Curtis [Electronically Filed] Date 07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

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="7168.24"/>	<input type="text" value="7168.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2178.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18437.67"/>	<input type="text" value="228751.21"/>
(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="20616.26"/>	<input type="text" value="235919.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9248.43"/>	<input type="text" value="224551.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11367.83"/>	<input type="text" value="11367.83"/>
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="157000.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

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).....	10815.84	111512.00
(ii) Unitemized	7621.83	8493.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18437.67	120005.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18437.67	122505.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	100000.00
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	6245.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18437.67	228751.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18437.67	228751.21

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	8748.43	49682.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8748.43	49682.30
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)	500.00	174869.32
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9248.43	224551.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9248.43	224551.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18437.67	122505.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18437.67	122505.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8748.43	49682.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	6245.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8748.43	43436.92

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)

<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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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)
COURAGEOUS CONSERVATIVES PAC

A. Paul Brown
Full Name (Last, First, Middle Initial)
Mailing Address 59 Norman Avenue
City Lake Hiawatha State NJ Zip Code 07034
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Accountant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 23 / 2016
Transaction ID : SA11AI.5028
Amount of Each Receipt this Period 500.00
 Memo Item

B. Conservative Response Team LLC
Full Name (Last, First, Middle Initial)
Mailing Address 7509 NW Tiffany Springs Pkwy Ste 300
City Kansas City State MO Zip Code 64153
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 6000.00

Date of Receipt 06 / 28 / 2016
Transaction ID : SA11AI.5085
Amount of Each Receipt this Period 6000.00
 Memo Item

C. Mountaintop Media
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 297
City Rodanthe State NC Zip Code 27968
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 17057.38

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.5081
Amount of Each Receipt this Period 2715.84
 Memo Item
In-kind -

SUBTOTAL of Receipts This Page (optional)..... **9215.84**
TOTAL This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5081

The committee's media consultant, Mountaintop Media, invoiced the committee for \$2,715.84 for website/internal overhead (Invoice #8415,8416) that was not authorized by the committee. Since this research was not authorized by the committee, the committee is refusing to pay this invoice and reporting the amount of this invoice as an In-KindContribution.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COURAGEOUS CONSERVATIVES PAC

Full Name (Last, First, Middle Initial)
A. Mountaintop Media

Mailing Address P O Box 297

City Rodanthe State NC Zip Code 27968

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17557.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.5083

Amount of Each Receipt this Period
500.00

Memo Item
In-Kind for an Independent Expenditure

Full Name (Last, First, Middle Initial)
B. National Safety Compliance

Mailing Address 424 N Cedarbrook Ave

City Springfield State MO Zip Code 65802

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

Name of Employer Occupation

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
 06 / 20 / 2016
Transaction ID : SA11AI.4808

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Joy Payne

Mailing Address 441 Jordan Ridge Pl

City Madison State MS Zip Code 39110

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

Name of Employer Occupation
 Medassist Solutions Client Services Director

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
 06 / 24 / 2016
Transaction ID : SA11AI.5034

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	10815.84

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5083

The committee's media consultant, Mountaintop Media, incurred certain expenses for social media buys that were not preapproved. These expenses were in the nature of independent expenditures so they were reported on an IndependentExpenditure Report. Since these expenditures were not pre-approved the media consultant agreed to treat these as an In-Kind Contribution. When preparing the Monthly FEC Report the expenditure side of this In-Kind Contributionwas deleted from line 21(b) because it was automatically being reported on line 24 as an Independent expenditure. This was necessary to avoid double reporting of the same expenses and altering the ending cash on hand.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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)
COURAGEOUS CONSERVATIVES PAC

Full Name (Last, First, Middle Initial)

A. C&H Financial Services

Mailing Address 1 Westbrook Corporate Center
Ste 300

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.5074**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Commerce Bank

Mailing Address 1000 Walnut

City Kansas City State MO Zip Code 64105

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.5077**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Law Office of James C Thomas III

Mailing Address 7509 NW Tiffany Springs Pkwy
Suite 300

City Kansas City State MO Zip Code 64153

Purpose of Disbursement
Legal & Reporting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.5080**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
COURAGEOUS CONSERVATIVES PAC

Full Name (Last, First, Middle Initial)

A. Mountaintop Media

Mailing Address P O Box 297

City Rodanthe State NC Zip Code 27968

Purpose of Disbursement
In-kind -

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : **SB21B.5082**

Amount of Each Disbursement this Period

2715.84

Memo Item

Full Name (Last, First, Middle Initial)

B. Mountaintop Media

Mailing Address P O Box 297

City Rodanthe State NC Zip Code 27968

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2016

Transaction ID : **SB21B.5084**

Amount of Each Disbursement this Period

3780.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : **SB21B.4958**

Amount of Each Disbursement this Period

228.16

Memo Item

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

6724.00

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

8733.43

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4280**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate: % (apr)

Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12000.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4281**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred: MM / DD / YYYY (11 / 05 / 2015) Date Due: MM / DD / YYYY Interest Rate: % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	15000.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4283**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 17 / 2015	MM / DD / YYYY	% (apr)	<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: []

SUBTOTALS This Period This Page (optional).....▶	30000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4404**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6500.00	0.00	6500.00

TERMS

Date Incurred: MM / DD / YYYY (01 / 05 / 2016) Date Due: MM / DD / YYYY (11/8/16) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	6500.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4405**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred: MM / DD / YYYY (01 / 22 / 2016) Date Due: MM / DD / YYYY (11/8/16) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4406**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred: MM / DD / YYYY (01 / 25 / 2016) Date Due: MM / DD / YYYY (11/8/16) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC	Transaction ID : SC/10.4500
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LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y	02 / 03 / 2016		0.00 % (apr)	<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:

SUBTOTALS This Period This Page (optional)..... ▶	8500.00
TOTALS This Period (last page in this line only)..... ▶	

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4505**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred: MM / DD / YYYY (02 / 12 / 2016) Date Due: MM / DD / YYYY Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	30000.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4510**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17000.00	0.00	17000.00

TERMS

Date Incurred: MM / DD / YYYY (02 / 22 / 2016) Date Due: MM / DD / YYYY Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	17000.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4555**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100		
City Dallas	State TX	ZIP Code 75205

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM / DD / YYYY (03 / 18 / 2016) Date Due: MM / DD / YYYY Interest Rate: _____ % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	10000.00
TOTALS This Period (last page in this line only)..... ▶	157000.00

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC	FEC IDENTIFICATION NUMBER ▼ C C00587022
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mountaintop Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2016
Mailing Address P O Box 297	Amount 125.00
City State Zip Code Rodanthe NC 27968	Transaction ID : SE.4670 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Purpose of Expenditure Social Media Buy	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 125.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mountaintop Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2016
Mailing Address P O Box 297	Amount 125.00
City State Zip Code Rodanthe NC 27968	Transaction ID : SE.4673 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Purpose of Expenditure Social Media Buy	Category/Type 004
Name of Federal Candidate JOHN S MCCAIN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 250.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Curtis [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC	FEC IDENTIFICATION NUMBER ▼ C C00587022
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Mountaintop Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Mailing Address P O Box 297	Amount 125.00
City State Zip Code Rodanthe NC 27968	Transaction ID : SE.4678 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Purpose of Expenditure Social Media Buy	Category/Type 004
Name of Federal Candidate KELLI WARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 375.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mountaintop Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Mailing Address P O Box 297	Amount 125.00
City State Zip Code Rodanthe NC 27968	Transaction ID : SE.4680 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 03 / 2016
Purpose of Expenditure Social Media Buy	Category/Type 004
Name of Federal Candidate JOHN S MCCAIN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 500.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Curtis [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Signature