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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	Torized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
COURAGEOUS CON	SERVATIVES PAC		
ADDRESS (number and street)	212 Yeardley Ave		
Check if different than previously reported. (ACC)	Lynchburg		VA 24501 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00587022		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Apr	20 (M4) Jul 20 (M7	Year Only)
April 15 Quarterly Report (Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (BRE Floation	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	M M / D D	Y Y Y y in the
January 31 Year-End Report (YE) Election		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Electio	n on 11 / 06	in the State of
5. Covering Period 1	0 18 2018	through 11	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
I certify that I have examined to		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Fahy, Amanda, , , er		
Signature of Treasurer	y, Amanda, , ,	[Electronically Filed]	Date 12 06 7 2018
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

CC	DURAGEOUS CONSERVATIVE	S PAC	
Repo	ort Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 11 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a	Cash on Hand January 1, 2018		2510.43
(b	Cash on Hand at Beginning of Reporting Period	121589.57	
(c	Total Receipts (from Line 19)	106180.00	410952.00
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227769.57	413462.43
7. To	otal Disbursements (from Line 31)	178890.38	364583.24
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	48879.19	48879.19
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	294251.32	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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. 05/2016)

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

R	eport Covering the Period: From:	18 2018 To:	11 26 7 2018					
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees							
	(i) Itemized (use Schedule A)	105700.00	378700.00					
	(ii) Unitemized(iii) TOTAL (add	480.00	3752.00					
	Lines 11(a)(i) and (ii)	106180.00	382452.00					
	(b) Political Party Committees	0.00	0.00					
	(c) Other Political Committees (such as PACs)	0.00	0.00					
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	106180.00	382452.00					
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00					
13.	All Loans Received	0.00	28500.00					
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00					
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00					
	to Federal Candidates and Other Political Committees	0.00	0.00					
	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))▶	106180.00	410952.00					
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	106180.00	410952.00					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A	ting Expenditures:		Calonida Tour to Date
Α	ctivity (from Schedule H4)	0.00	0.00
(i)	Federal Share	0.00	0.00
(ii	,	0.00	0.00
	ther Federal Operating xpenditures	24266.04	40102.61
(c) To	otal Operating Expenditures		
	add 21(a)(i), (a)(ii), and (b))▶	24266.04	40102.61
Comm	ers to Affiliated/Other Party ittees	0.00	0.00
Federa	outions to al Candidates/Committees ther Political Committees	0.00	0.00
. Indepe	endent Expenditures	4 4	
 Coord 	Schedule E) inated Party Expenditures S.C. § 30116(d))	154624.34	324480.63
(use S	Schedule F)	0.00	0.00
. Loan I	Repayments Made	0.00	0.00
	Madeds of Contributions To:	0.00	0.00
(a) In	dividuals/Persons Other han Political Committees	0.00	0.00
(b) P	olitical Party Committees	0.00	0.00
	ther Political Committees	0.00	0.00
	such as PACs)	0.00	0.00
` '	otal Contribution Refunds add Lines 28(a), (b), and (c))	0.00	0.00
. Other	Disbursements (Including		
	ederal Donations)	0.00	0.00
Federa	al Election Activity (52 U.S.C. § 30101(20))	,	
(a) A	llocated Federal Election Activity		
	rom Schedule H6)		
(i)	Federal Share	0.00	0.00
•) "Levin" Share	0.00	0.00
. ,	ederal Election Activity Paid ntirely With Federal Funds	200	200
	otal Federal Election Activity (add	0.00	0.00
Li	nes 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Disbursements (add Lines 21(c), 22,		
23, 24	, 25, 26, 27, 28(d), 29 and 30(c))	178890.38	364583.24
	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii) .ine 31)	178000 20	
5 L		178890.38	364583.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

	TEO TOTAL ON (HOV. OO/2010)		i ago o
	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)	106180.00	382452.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	106180.00	382452.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24266.04	40102.61
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	24266.04	40102.61

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	50		
	(check only one)										
		X	11a		11b		11c		12	!	
			13		14		15		16	;	17

	Statements may not be sold or used by any personal or used by any personal or and address of any political committee to	
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVAT	IVES PAC	
Full Name of Individual (Last, First, Middle In Gelman, Lawrence, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 3900 Sundown Dr		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5691
Mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
McAllen Anes Consultants	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle In Hayden, Rufus, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 508 N Hidalgo Ave	11 07 2018	
City	State Zip Code	
Alhambra	CA 91801	Transaction ID : SA11AI.5669 Amount of Each Receipt this Period
	1 0 1001	Amount of Lacif necespt this relicu
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle In Hillman, Tatnall, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 504 W Bleeker St		10 23 2018
City	State Zip Code	Transaction ID : SA11AI.5668
Aspen	CO 81611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	275000.00	
SUBTOTAL of Receipts This Page (optional)	>	53000.00
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

I	FOF	FOR LINE NUMBER:						7	OF		50
	(check only one)										
	×	11a		11b		11c		12	2		
		13		14		15		16	6		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

or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.					
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Hillman, Tatnall, , , Mailing Address 504 W Bleeker St) or Full Orga	anization Name	Date of Receipt 11 05 2018 Transaction ID : SA11AI.5671					
	City	State	Zip Code						
	Aspen FEC ID number of contributing federal political committee.	C	81611	Amount of Each Receipt this Period 50000.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 325000.00						
В.	Full Name of Individual (Last, First, Middle Initial Pope, Bill, , , Mailing Address 307 E Whaley) or Full Orga	anization Name	Date of Receipt					
	City Longview	State TX	Zip Code 75601	Transaction ID : SA11AI.5693 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupa	ation (for Individual)	2700.00 Memo Item					
	NCIC Inmate Communications Receipt For: Primary General Other (specify) ▼	Aggregate Ye	nforcement ear-to-Date ▼ 2700.00						
C.	Full Name of Individual (Last, First, Middle Initial Mailing Address) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼						
S	SUBTOTAL of Receipts This Page (optional)			52700.00					
т	OTAL This Period (last page this line number on	ly)		105700.00					

S 17

S	CHEDULE B (FEC Form 3X)			FOF	OR LINE NUMBER: PAGE 8 OI				E 8 OF	50			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	_ (ck only one)								
			Summary Page		21b	22	23	L	26	27			
_					28a	28b	280		29	30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar										,		
\setminus	NAME OF COMMITTEE (In Full)												
$ \rangle$	COURAGEOUS CONSERVATIVE	S PAC											
$\overline{}$	Full Name (Last, First, Middle Initial)												
A.	C&H Financial Services					M = M	f Disbur	■ D		Y			
	Mailing Address 1 Westbrook Corporate Center Ste 300					11		02		2018			
	City Westchester	State IL	Zip Code 60154			FEC Id	entificati	on N	lumber				
	Purpose of Disbursement	L	60154				C00587	022	-				
	Bank Fee			Г.									
	Candidate Name			Categ	orv/				: SB21E sbursem	3.5652 ent this Perio	od		
	COURAGEOUS CONSERVATIVE			Тур		-							
		ment For: 2						_		50.85			
	Senate President	Primary	General			_							
	State: District:	Other (spec	Sily) ▼			Me	mo Item	l					
_	Full Name (Last, First, Middle Initial)												
В.						Date o	f Disbur	seme		Y Y Y Y			
	Mailing Address 1 Westbrook Corporate Center Ste 300		11 06 2018										
	City Westchester	State IL	FEC Id	entificati	on N	lumber							
	Purpose of Disbursement		C C00587022										
	Bank Card Fees		Transaction ID : SB21B.5654										
	Candidate Name			Amount of Each Disbursement this Period									
	COURAGEOUS CONSERVATIVE		nent For: 2018			20.00							
	Office Sought: House Disburser Senate												
	President	•	Primary General Other (specify)										
	State: District:	(-	, ,,			Memo Item							
	Full Name (Last, First, Middle Initial)												
C.	Ekstrom, Christopher, , ,					Date o	f Disbur	seme	_	YYYY			
	Mailing Address 25 Highland Park Village Suite 100					11] L	02	ΙL	2018			
	City	State	Zip Code			FEC. Id	entificati	on N	lumher				
	Dallas	TX	75205					-					
	Purpose of Disbursement Reimbursement: Travel for Conference					C	C00587		: SB21I	B.5649			
	COLIDACEOUS CONSEDVATIVE		Categ		Amoun	t of Eac	n Dis	sbursem	ent this Perio	bd			
	COURAGEOUS CONSERVATIVE Office Sought: House Disburse	ment For: 2	204.9	Тур	9					2092.54	П		
	Senate	Primary					7	_	7		_		
	President	Primary General Other (specify) ▼											
State: District:						IVIE	emo Item						
s	UBTOTAL of Disbursements This Page (optional)				•		1 40			2163.39			
H						-	- 7	_	7		Ħ		
I T	OTAL This Period (last page this line number only))						_					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 5 (check only one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES	S PAC								
Full Name (Last, First, Middle Initial) A. Facebook			Date of Disbursement						
Mailing Address 1 Hacker Way			11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Menlo Park	State Zip Code CA 94025		FEC Identification Number						
Purpose of Disbursement Social Media Candidate Name	[Onto no mil	C C00587022 Transaction ID : SB21B.5660 Amount of Each Disbursement this Period						
COURAGEOUS CONSERVATIVES Office Sought: House Disbursem	S PAC nent For: 2018	Category/ Type	2700.00						
	Primary x General Other (specify) ▼		Memo Item						
Full Name (Last, First, Middle Initial) Fahy, Amanda, , ,			Date of Disbursement						
Mailing Address 212 Yeardley Ave			10 22 2018						
Lynchbug Purpose of Disbursement	State Zip Code VA 24501		FEC Identification Number C C00587022						
Treasury Fees Candidate Name COURAGEOUS CONSERVATIVES	S PAC	Category/ Type	Transaction ID: SB21B.5643 Amount of Each Disbursement this Period						
Senate	nent For: 2018 Primary		862.55						
State: District:	Other (specify)		Memo Item						
Full Name (Last, First, Middle Initial) Majority Strategies, LLC			Date of Disbursement						
Mailing Address 12854 Kenan Dr Ste 145			11 02 2018						
City S Jacksonville	State Zip Code FL 32258		FEC Identification Number						
Purpose of Disbursement Digital Services Consulting Candidate Name		Catagony	C C00587022 Transaction ID : SB21B.5672 Amount of Each Disbursement this Period						
	S PAC nent For: 2018	Category/ Type	11250.00						
	Primary x General Other (specify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional)			14812.55						
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Forr TEMIZED DISBURSEMEN	•	Use sepa	arate schedule(s)	1	–		NUMBER: PAGE 10 OF 50 one)						F 50	
TEWIZED DISBURSEMEN	113		category of the Summary Page	I ` -		21b	22	Г	23	26	Г	27		
		Detailed	Summary Fage			28a	28b		28c	29		30b		
Any information copied from such Report for commercial purposes, other than														
NAME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	S PAC												
Full Name (Last, First, Middle Initial) A. Rose, Norvell, , , Mailing Address 3288 Doncaster Rd							Date of Disbursement 11 19 2018							
City	9	State	Zip Code											
Virginia Beach Purpose of Disbursement TV Buy	VA	·						058702	Numb		5665			
Candidate Name COURAGEOUS CONSE Office Sought: House		S PAC	2018	Cate Ty	gory	y/						nt this P	-	
Senate President State: District:		Primary Other (spec	✗ General				М	emo	Item	7		- 4		
Full Name (Last, First, Middle Initial) Stripe		Date of Disbursement							Y	Y				
Mailing Address 185 Berry St #550	7. 0.4					11 02 2018								
City San Francisco Purpose of Disbursement		State Zip Code CA 94107					FEC Identification Number C C00587022							
Candidate Name COURAGEOUS CONSE				Cate:		y/	Transaction ID : SB21B.5667 Amount of Each Disbursement this Period 5000.00 Memo Item						-	
Office Sought: House Senate President		nent For: ; Primary Other (spec	✗ General										0	
State: District: Full Name (Last, First, Middle Initial)							Ц.							
Stripe							Date of	_	sburse		Υ	YY	Υ	
Mailing Address 185 Berry St #550			In a				11	_	20	6		2018		
City San Francisco Purpose of Disbursement CC Fees		State CA	Zip Code 94107	_	_	=	FEC I	-	fication	Numb	er			
Candidate Name COURAGEOUS CONSERVATIVES PAC Category/ Type										ID : SB Disburs		nt this P	-	
Office Sought: House Senate President Disbursement For: 2018 Primary Other (specify) Other (specify)								emo	Item			315.10	,	
State: District: SUBTOTAL of Disbursements This Pa	ugo (ontional)						_	-	-	-	_	6565.1	0	
TOTAL This Period (last page this line						_	片	-	7		=		Ħ	

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule	(s) (check only	FOR LINE NUMBER: PAGE 11 OF 50 (check only one)			
TEMIZED DISBONSEMENTS	for each category of the Detailed Summary Pag			27		
		28a	28b 28c 2	9 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC					
Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement	Y Y Y Y		
Mailing Address Rt. 70			10 19	2018		
City Medford Purpose of Disbursement Wire Fee	State Zip Code NJ 08055		C C00587022			
	ment For: 2018	Category/ Type	Transaction ID: S Amount of Each Disbur			
	Primary x General G	I	Memo Item			
Full Name (Last, First, Middle Initial) 3. Wells Fargo Mailing Address Rt. 70			Date of Disbursement	2018		
Medford Purpose of Disbursement Wire Fee	State Zip Code NJ 08055		FEC Identification Num C C00587022 Transaction ID : Si			
Senate	ment For: 2018 Primary	Category/ Type	Amount of Each Disbut	30.00		
Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address Rt. 70			Date of Disbursement	Y Y Y Y Y 2018		
Medford Purpose of Disbursement Wire Fee	State Zip Code NJ 08055		FEC Identification Num C C00587022 Transaction ID: S			
Senate	ES PAC ment For: 2018 Primary Genera Other (specify)	Category/ Type	Amount of Each Disbu			
SUBTOTAL of Disbursements This Page (optional)		·····	7	75.00		
TOTAL This Period (last page this line number only))					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 50 (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	ES PAC			
Full Name (Last, First, Middle Initial) Nells Fargo			Date of Disbursement	
Mailing Address Rt. 70			10 26 2018	
City Medford Purpose of Disbursement	State Zip Code NJ 08055		FEC Identification Number C C00587022	
Wire fee Candidate Name COURAGEOUS CONSERVATIVE	ES PAC	Category/ Type	Transaction ID : SB21B.5647 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President	ment For: 2018 Primary	1,700	30.00 Memo Item	
State: District: Full Name (Last, First, Middle Initial) 3- Wells Fargo			Date of Disbursement	
Mailing Address Rt. 70			10 30 2018	
City Medford Purpose of Disbursement Wire Fee	State Zip Code 08055		FEC Identification Number C C00587022 Transaction ID : SB21B.5648	
Candidate Name COURAGEOUS CONSERVATIVES PAC Office Sought: House Disbursement For: 2018			Amount of Each Disbursement this Period 30.00	
Senate President State: District:	Other (specify) General		Memo Item	
Full Name (Last, First, Middle Initial) - Wells Fargo			Date of Disbursement	
Mailing Address Rt. 70			11 02 2018	
City Medford Purpose of Disbursement	State Zip Code NJ 08055		FEC Identification Number C C00587022	
Wire Fee Candidate Name COURAGEOUS CONSERVATIV	ES PAC	Category/ Type	Transaction ID : SB21B.5650 Amount of Each Disbursement this Period	
Senate President	ment For: 2018 Primary General Other (specify) ▼		30.00 Memo Item	
State: District:			_	

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 13 OF 50		
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(0110011	<i></i>		
	Detailed Summary Pag	ie 👗 📶			
[28a	28b 28c 29 30b		
Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
COURAGEOUS CONSERVAT	TIVES PAC				
Full Name (Last, First, Middle Initial)					
A. Wells Fargo			Date of Disbursement		
Mailing Address Rt. 70			11 02 2018	-	
City	State Zip Code		FEC Identification Number		
Medford	NJ 08055		1 LO Identification Number	1	
Purpose of Disbursement Wire Fee			C C00587022		
Candidate Name		0-1	Transaction ID : SB21B.5651	Dorind	
COURAGEOUS CONSERVAT	IVES PAC	Category/ Type	Amount of Each Disbursement this	Period	
Office Sought: House Dis	bursement For: 2018		30	0.00	
Senate	Primary	.1			
State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
B. Wells Fargo			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address Rt. 70			11 05 2018		
City	State Zip Code		FEC Identification Number		
Medford Purpose of Disbursement	NJ 08055		0.00507000	1	
Wire Fee		C C00587022			
Candidate Name Cate			Transaction ID : SB21B.5655 Amount of Each Disbursement this	s Period	
COURAGEOUS CONSERVAT		Type		-	
	bursement For: 2018		30	0.00	
Senate	Primary	I			
President State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)					
C. Wells Fargo			Date of Disbursement		
Mailing Address Dr. 70			11 05 2018	Y	
Mailing Address Rt. 70			11 05 2018		
City	State Zip Code		FEC Identification Number		
Medford	NJ 08055			1	
Purpose of Disbursement Wire Fee			C C00587022		
Candidate Name			Transaction ID : SB21B.5656	Dorind	
COURAGEOUS CONSERVATION	Category/ Type	Amount of Each Disbursement this	Period		
Office Sought: House Disbursement For: 2018			30	0.00	
Senate	ıl				
President Other (specify) ▼			Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (option	onal)	·····	90	0.00	
TOTAL This Pariod (last page this line number	r only)				
TOTAL This Period (last page this line numbe	Orny)				

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		Use separate schedule(s) FOR LINE (check only			E NUMBER: PAGE 14 OF 50	
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar					
\	NAME OF COMMITTEE (In Full)					
\rangle	COURAGEOUS CONSERVATIVE	SPAC				
	Full Name (Last, First, Middle Initial)					
٩.	Wells Fargo				Date of Disbursement	
					M M / D D / Y Y Y Y	
	Mailing Address Rt. 70				11 05 2018	
	City	State	Zip Code		FEC Identification Number	
	Medford	NJ	08055		120 Identification Number	
	Purpose of Disbursement Wire Fee				C C00587022	
	Candidate Name				Transaction ID : SB21B.5657	
	COURAGEOUS CONSERVATIVE	SDAC		Category/	Amount of Each Disbursement this Period	
		ment For: 2	019	Туре	30.00	
	Senate	Primary	General		7 7 7	
	President	Other (spec	••		M 15	
	State: District:	` .			Memo Item	
	Full Name (Last, First, Middle Initial)					
3.	Wells Fargo				Date of Disbursement	
					M = M / D = D / Y = Y = Y	
	Mailing Address Rt. 70				11 05 2018	
	City	State	Zip Code		FEC Identification Number	
	Medford	NJ	08055			
	Purpose of Disbursement Wire Fee				C C00587022	
Candidate Name COURAGEOUS CONSERVATIVES PAC Category/ Type				Transaction ID : SB21B.5659		
				Amount of Each Disbursement this Period		
		ment For: 2	018	Турс	15.00	
	Senate	Primary	✗ General		4 4	
	President	Other (spec	ify)		Memo Item	
	State: District:				Wellio Itelli	
	Full Name (Last, First, Middle Initial)					
3.	Wiley, Kyle, , ,				Date of Disbursement	
					M M / D D / Y Y Y Y Y	
	Mailing Address 1420 N St NW #605				11 20 2018	
		State	Zip Code			
	Washington	DC	20005		FEC Identification Number	
	Purpose of Disbursement		'		C C00587022	
					Transaction ID : SB21B.5663	
	COLUDA CEOLUS CONCEDIVATIVE	CDAC		Category/	Amount of Each Disbursement this Period	
COURAGEOUS CONSERVATIVES PAC Office Sought: House Disbursement For: 2018				Туре	245.00	
	Office Sought: House Disburser Senate	ment For: 2			240.00	
Senate Primary ★ General Other (specify) ▼				П., .		
	State: District:	2 m.21 (3p00	<i>37</i>		Memo Item	
	'					
S	SUBTOTAL of Disbursements This Page (optional)				290.00	
					24086.04	
Т	FOTAL This Period (last page this line number only)					

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

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FOR LINE 13 OF FORM 3X

		Potanou duminary rago Port Elive 15 of Portivi 5X	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4280	
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼	
City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
12000.00		0.00 12000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 10 M / D 21 D / Y 2015 Y	M = M / D = D	0.00 % (apr) Yes X 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	(l.	12000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding halance only to LINE 3.5	schedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary	

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4281	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	Memo Item Election: Primary General		
Mailing Address 25 Highland Park Village		Other (specify) ▼	
Suite 100			
City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay	nent To Date Balance Outstanding at Close of This Period	
15000.00		0.00 15000.00	
TERMS Date Incurred	Di	te Due Interest Rate Secured:	
M 11 M / D 05 D / Y 2015	M M / D D	/	
List All Endorsers or Guarantors (if any) t	o Loan Source		
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)			
		line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4283		
Ekstrom, Christopher, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
30000.00	-	0.00 30000.00		
TERMS Date Incurred	D	te Due Interest Rate Secured:		
M 11 M / D 17 D / Y 2015	M = M / D = D	% (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
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)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE	
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4404	
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼	
City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
6500.00		0.00 6500.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 01 M / D 05 D / Y 2016 Y	M M / D D	/ 11/8/16 0.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any	to Loan Source	IN 15	
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	ıl)	6500.00	
TOTALS This Period (last page in this line only)			
Carry outstanding halance only to LINE 3.5	Schedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary	

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	E0 D40	Transaction ID: SC/10.4405
COURAGEOUS CONSERVATIV	ES PAC	
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	/liddle Initial)	N
Mailing Address 25 Highland Park Village		General Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS		ote Due Interest Date Coursell
Date Incurred M 01	M = M / D = D	ate Due Interest Rate Secured: / Y 11/8/16 0.00 % (apr) Yes X 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
		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 (optiona	l)	20000.00
FOTALS This Period (last page in this line or		
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID : SC/10.4406	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N ☐ Memo Item		
Mailing Address 25 Highland Park Village		Other (specify) ▼	
Suite 100	Otata	7ID Oada	
City	State	ZIP Code	
Original Amount of Loan	Cumulative Pay		
8000.00	Cumulative Fay	0.00 Balance Odistanding at close of This Feriod	
TERMS	D	nto Duo Interest Data Conurado	
Date Incurred Mo1 / D25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = D	ate Due Interest Rate Secured: Y 1 1/8/16 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
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)			
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.	
Carry Outstanding Datable UNIV to LINE 3. 30	medule D. (Of this	inie, ii no ocheuule d. carry lorwaru to appropriate iine of oummary.	

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

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AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	ES PAC	Transaction ID : SC/10.4500
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address 25 Highland Park Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	00.00	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period 0.00 8500.00
Date Incurred M 02		M = M / D = D	Oate Due Interest Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle		to Loan Source	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 FOTALS This Period (last page in the			, 3300.00
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.4505	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N		
Mailing Address 25 Highland Park Village		Other (specify) ▼	
Suite 100			
City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
30000.00		0.00 30000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M02 ^M / D12 ^D / Y 2016	M = M / D = D	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to	to Loan Source		
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)			
Carry outstanding balance only to LINE 3. Sci		line. If no Schedule D, carry forward to appropriate line of Summary.	

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4510
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N ☐ Memo Item
Mailing Address 25 Highland Pa Suite 100	rk Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To			ment To Date Balance Outstanding at Close of This Period 0.00 17000.00
TERMS Date Incurred Date Due 02 22 7 2016			ate Due Interest Rate Secured: 0.00 (apr) Yes X No
List All Endorsers or Guaranto 1. Full Name (Last, First, Middle)		to Loan Source	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 in			1700.00
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4555	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10000.00	7	0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 03 M / D 18 D / Y 2016 Y	M = M / D = D	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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) TOTALS This Period (last page in this line on		, 1000.00
		line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID: SC/10.4892
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
4567.89		0.00 4567.89
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 07	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) 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	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	4567.89
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4891	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item Election: ☐ Primary ☐ General
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
6000.00	7	0.00 6000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 07 M / D 11 D / Y 2016 Y	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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) TOTALS This Period (last page in this line only		, , , , , , , , , , , , , , , , , , , ,
		line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID : SC/10.4918
LOAN SOURCE Full Name (Last, First Ekstrom, Christopher, , ,	, Middle Initial)	N
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
10013.46		0.00 10013.46
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 / D 04 / Y Y 2016 Y	M M / D D	/ 12/31/2020
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	10013.46
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID: SC/10.4934	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
9500.00		0.00 9500.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 / 19 / Y 2016	M M / D D	12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
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)		3300.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4948	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
15420.00		0.00 15420.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 11 M / D 16 J Y 2016 Y	M = M / D = D	12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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) TOTALS This Period (last page in this line only		13420.00
Carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID: SC/10.4995	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
12500.00		0.00 12500.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 08 / D 07 / Y 2017	M = M / D = D	12/31/2021 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
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)		12300.00
TOTALS This Period (last page in this line onl		
carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4996	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
300.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 / 31 D / Y 2017	M M / D D	12/31/2021 0.00 % (apr) Yes X 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)		300.00
Carry outstanding balance only to LINE 3. Sc		line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVI	Transaction ID: SC/10.5028	
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5014.97		0.00 5014.97
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 09 / 01 D / Y Y Y Y Y	M = M / D = D	/ 12/31/2017 0.00 Yes x No
List All Endorsers or Guarantors (if any)	to Loan Source	
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		
TOTALS This Period (last page in this line or		
Carry outstanging palance only to LINE 3. So	cneaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID: SC/10.5068	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
11000.00	-	0.00 11000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 16 D / Y 2017 Y	M M / D D	12/31/2021 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
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) TOTALS This Period (last page in this line only		, 1100.00
Carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

			Potation outlinery rage Fort Elive 15 of Fortiwi 5X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	ERVATIVE	S PAC	Transaction ID : SC/10.5091
LOAN SOURCE Full Name (Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland Pa	ark Village		General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
750.00			0.00 750.00
Date Incurred Date Du 11 10 / Y 2017 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		M M / D D	Date Due Interest Rate Secured: 12/31/2022 0.00 % (apr) Yes X No
List All Endorsers or Guaran 1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
T. Tull Name (Last, 1 list, Wilde	ne initial)		Traile of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	lle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	age (optional)		750.00
TOTALS This Period (last page in	n this line on	ly)	······································
Carry outstanding balance only	to LINE 3 Sc	hedule D for this	s line. If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVI	ES PAC	Transaction ID : SC/10.5104	
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	fiddle Initial)	N ☐ Memo Item	
Mailing Address 25 Highland Park Village ☐ Other (specify) ▼			
Suite 100	Ctats	ZID Code	
City	State	ZIP Code	
Original Amount of Loan	Cumulative Pay		
22185.00	Cumulative ray	0.00 22185.00	
TERMS Date Incurred Date Due Interest Rate Secured:			
M 12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		ate Due Interest Rate Secured: 12/31/2021 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source			
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)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			
Carry outstanging palance only to LINE 3. So	ineaule D. for this	inne. If no schedule D, carry forward to appropriate line of Summary.	

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

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	/ES PAC	Transaction ID: SC/10.5102	
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼	
City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
5000.00		0.00 5000.00	
TERMS Date Incurred Date Due Interest Rate Secured:			
M 12	M = M / D = D	/ 12/31/2021 0.00	
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)			
FOTALS 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.			

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

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID: SC/10.5103
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
6500.00		0.00 6500.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 12 M / D 18 D / Y 2017	M = M / D = D	/ 12/31/2021 0.00 % (apr) 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 (optiona	l)	6500.00
TOTALS This Period (last page in this line or	nly)	
Carry outstanding halance only to LINE 3. S	chedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary

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

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			Detailed Summary Page FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.5146	
COURAGEOUS CONSE	KVATIVE	S PAC		
LOAN SOURCE Full Name (L	ast Firet M	iddle Initial)	N	
Ekstrom, Christopher, , ,	1 1131, 111	idaio iritidi)	Primary	
			General	
Mailing Address 25 Highland Pa	rk Village		Other (specify) ▼	
Suite 100				
City		State	ZIP Code	
Dallas		TX	75205	
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period	
7	500.00		0.00 500.00	
TERMS			loto Duo	
Date Incurred	YY	M M / D D	late Due Interest Rate Secured:	
04 14 20)18		12/31/2025 0.00 % (apr) Yes X No	
List All Endorsers or Guaranto	ors (if anv)	to Loan Source		
Full Name (Last, First, Middle)	, ,,		Name of Employer	
	,			
Mailing Address			Occupation	
City	State	ZIP Code	Amount	
Oity	State	Zii Code	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	e Initial)	1	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
, , , , , , , , , , , , , , , , , , , ,	,			
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
			Outstanding:	
SUBTOTALS This Period This Page	ge (optional)		500.00	
FOTALS This Period (last page in	OTALS This Period (last page in this line only)			
Carry outstanding balance only to	LINE 3 Sc	hedule D for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	
carry outstanding balance offig to	, LIIIL 3, 30		inic. If the defined in b, early forward to appropriate line of duffillary.	

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X			
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.5187			
COURAGEOUS CONSERVATIVE	S PAC				
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N Memo Item Election:			
Ekstrom, Crinstopher, , ,		Primary General			
Mailing Address 25 Highland Park Village		Other (specify) ▼			
Suite 100					
City	State	ZIP Code			
Dallas Original Amount of Loan	Cumulative Payn	75205			
Original Amount of Loan	Cullidiative Faying				
22000.00		0.00 22000.00			
TERMS Date Incurred	Da	e Due Interest Rate Secured:			
05 11 Y 2018	M = M / D = D	12/31/2022 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to	o Loan Source				
Full Name (Last, First, Middle Initial)	Louir Course	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)		22000.00			
FOTALS This Period (last page in this line onl	OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	ne. If no Schedule D, carry forward to appropriate line of Summary.			

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

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FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5243
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS Date Incurred	С	pate Due Interest Rate Secured:
M 06 / D 08 / Y 2018 Y	M M / D D	/ 12/31/2020
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 (option	al)	6000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			
				C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
American Cámpaign Services, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5830 E 2nd St				
Ste 8			'	Amount
City	State	Zip Code		20000.00
Casper	WY	82609		Transaction ID : SE.5618 Date of Disbursement or Obligation
Purpose of Expenditure Text Messages		Category/ Type		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: House District: 01
ROGERS, WENDY, , ,		Oppose	P	resident Senate State: AZ
Calendar Year-To-Date		100000 00		ement For: Primary X General
Per Election for Office Sought	7 7	136360.90	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Atlantic Media				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box 297				
			A	Amount
City	State	Zip Code		10762.50
Rodanthe	NC	27968		Transaction ID : SE.5609 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/		M M / D D / Y Y Y Y
Wicala Buy		Type		10 30 2018
Name of Federal Candidate:		Support	Office S	Sought: House District: 01
FINKENAUER, ABBY, , ,		x Oppose	P	resident Senate State: IA
Calendar Year-To-Date		10762.50		ement For: Primary K General
Per Election for Office Sought	7 1 7	10702.30	2018	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· • [30762.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • [
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	ed1 -	M = M	/ DID / YIYIY
Signature		_ Date	12	06 2018

ITEMIZED INDEPENDENT EXPENDITURES	•			PAGE 42 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES	PAC			C C00587022
				C SOURCE SEE
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Atlantic Media				10 30 / Y Y Y Y Y Y
Mailing Address Box 297				Amount
City	State	Zip Code		5558.00
Rodanthe	NC	27968		Transaction ID : SE.5611 Date of Disbursement or Obligation
Purpose of Expenditure Radio Buy		Category/ Type		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	e Sought: X House District: 01
FINKENAUER, ABBY, , ,		× Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		16320.50	Disbu 2018	ursement For: Primary General
	1 1			U Other (specify) ►
Full Name of Payee Atlantic Media		∐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address Day 207				10 30 2018
Box 297				Amount
City	State	Zip Code		3587.50
Rodanthe	NC	27968		Transaction ID : SE.5612 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		10 30 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 01
BLUM, RODNEY, , ,		Oppose		President Senate State: IA
Calendar Year-To-Date		19908.00	Disbu 2018	ursement For: Primary X General
Per Election for Office Sought	7 1 1 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	3		. •	9145.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fi	iledi –	М	M / D D / Y Y Y Y
Signature		Date	e 1	2 06 2018

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 50
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES I	PAC			
				C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Atlantic Media			[11 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box 297			Amo	unt
City	State	Zip Code		5000.00
Rodanthe	NC	27968		saction ID : SE.5637 of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		11 06 2018
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 01
FINKENAUER, ABBY, , ,		× Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	24908.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	<u> </u>	of Public Distribution/Dissemination
Cox Media		Wemo	nem Jaio	M M / D D / Y Y Y Y
Mailing Address 4600 E Washington			I	10 26 2018
Ste 200			Amo	unt
City	State	Zip Code		17565.00
Phoenix	AZ	85034		nsaction ID : SE.5594 of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: K House District: 01
ROGERS, WENDY, , ,		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		91896.96	Disburseme	
	1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· -	22565.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fil	led1	M M /	
Signature	, 2000 опишну I [,] И	_ Date	e 12	06 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Cox Media		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 4600 E Washington				10 26 2018
Ste 200				Amount
City	State	Zip Code		17565.00
Phoenix	AZ	85034		Transaction ID : SE.5596 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		10 / 26 / 2018
Name of Federal Candidate:		Support	Office	Sought: X House District: 01
O'HALLERAN, TOM, , ,		X Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	109461.96	Disburs 2018	sement For: Primary General Other (specify) ►
5 H.M. (D.			.	
Full Name of Payee Cox Media		∐ Memo	Item	Date of Public Distribution/Dissemination 11 05 2018
Mailing Address 4600 E Washington				Amount
Ste 200				Amount
City Phoenix	State	Zip Code 85034		10000.00 Transaction ID : SE.5631
Purpose of Expenditure	\\L	00004		Date of Disbursement or Obligation
Media Advertistement		Category/ Type		11 / 05 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 01
ROGERS, WENDY, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	1 · · · · ·	158016.34	Disburs 2018	sement For: Primary ✓ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				27565.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	[ed] Date	M 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	_ Date	12	20.0

PAGE 45 OF 50 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ COURAGEOUS CONSERVATIVES PAC C00587022 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Cox Media 11 05 2018 Mailing Address 4600 E Washington Amount Ste 200 City State Zip Code 10000.00 ΑZ 85034 Transaction ID: SE.5632 Phoenix Date of Disbursement or Obligation Purpose of Expenditure Category/ Media Advertisements 11 05 2018 Type Name of Federal Candidate: 01 Support Office Sought: **X** House District: O'HALLERAN, TOM, , , Oppose ΑZ President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 168016.34 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Cygnal, LLC 2018 03 Mailing Address 200 Interstate Park Dr Amount Ste 238 8000.00 City State Zip Code Transaction ID: SE.5625 Montgomery ΑL 36109 Date of Disbursement or Obligation Purpose of Expenditure Category/ **Text Messaging** 03 2018 11 Type Name of Federal Candidate: 01 x Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 146216.34 2018 Per Election for Office Sought Other (specify) ▶ 18000.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Fahy, Amanda,,, [Electronically Filed] 12 06 2018 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Marse of Davis			II Do	ate of Public Distribution/Dissemination
Full Name of Payee Facebook		∐ Memo	item Da	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			An	nount
City	State	Zip Code	— г	235.00
Menlo Park	CA	94025		ansaction ID : SE.5603 ate of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sc	ought: X House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		116360.90	Disbursei	ment For: Primary X General
	7			Other (specify) ▶
Full Name of Payee Facebook		∐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address				11 03 2018
1 Hacker Way			An	nount
City	State	Zip Code		1625.00
Menlo Park	CA	94025		ransaction ID : SE.5619 ate of Disbursement or Obligation
Purpose of Expenditure Social Media		Category/ Type		11 03 7 2018
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	137985.90	Disbursei 2018	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				1860.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y
Signature		Date	12	06 2018

TEMIZED INDEPENDENT EXPENDITORES				PAGE 47 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES P	AC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	ınt
City	State	Zip Code	— Г	1800.00
Menlo Park	CA	94025		saction ID : SE.5630 of Disbursement or Obligation
Purpose of Expenditure Social Media Advertisement		Category/ Type		11 05 / 2018
Name of Federal Candidate:		X Support	Office Sough	ht: X House District: 01
ROGERS, WENDY, , ,		Oppose	Presid	Δ7
Calendar Year-To-Date Per Election for Office Sought	7 7	148016.34	Disbursemer 2018	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Grenax Broadcasting II, LLC			Г	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 E Rte 66			Amou	int
City	State	Zip Code		1665.98
Flagstaff	AZ	86001		saction ID : SE.5369 of Disbursement or Obligation
Purpose of Expenditure Radio Spot		Category/ Type		10 19 2018
Name of Federal Candidate:		✗ Support	Office Sough	ht: X House District: 01
ROGERS, WENDY, , ,		Oppose	Presid	lent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	39965.98	Disbursemer	
	,			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.			· [3465.98
(b) SUBTOTAL of Unitemized Independent Expenditure	əs			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		•
Fahy, Amanda, , ,	Electronically Fil	ed]	M = M /	06 2018
Signature		Date	12	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Grenax Broadcasting II, LLC		Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 112 E Rte 66			An	10 23 2018 mount
City	State	Zip Code	— г	1665.98
Flagstaff	AZ	86001		ansaction ID : SE.5406 ate of Disbursement or Obligation
Purpose of Expenditure Radio Spot		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sc	ought: X House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		74331.96	Disbursei	ment For: Primary Seneral
	7 7			Other (specify) ▶
Full Name of Payee Grenax Broadcasting II, LLC		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address				10 30 2018
112 E Rte 66			An	nount
City	State	Zip Code		3331.96
Flagstaff	AZ	86001		ransaction ID : SE.5601 ate of Disbursement or Obligation
Purpose of Expenditure Radio Buy		Category/ Type		10 30 7 2018
Name of Federal Candidate:		x Support	Office Sc	ought: House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	112793.92	Disburser 2018	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures			[4997.94
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • L	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 12	06 2018

TIENIZED INDEFENDENT EXPENDITORES	,		PAGE 49 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES	PAC		C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Grenax Broadcasting II, LLC		□ Iviemo	10 31 2018
Mailing Address 112 E Rte 66			Amount
City	State	Zip Code	3331.98
Flagstaff	AZ	86001	Transaction ID : SE.5602 Date of Disbursement or Obligation
Purpose of Expenditure Radio Buy		Category/ Type	10 31 / 2018
Name of Federal Candidate:		X Support	Office Sought:
ROGERS, WENDY, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	4 1 4	116125.90	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Impact Strategies, LLC			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 720 Deer Dr			Amount
City	State	Zip Code	12700.00
Ruckersville	VA	22968	Transaction ID : SE.5371 Date of Disbursement or Obligation
Purpose of Expenditure Text Messaging		Category/ Type	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 01
ROGERS, WENDY, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	52665.98	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	S		• 16031.98
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
Fahy, Amanda, , ,	[Electronically File	ed] Date	e 12 06 2018
Signature			

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ COURAGEOUS CONSERVATIVES PAC C00587022 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Majority Strategies, LLC 23 2018 Mailing Address 12854 Kenan Dr Amount Ste 145 State Zip Code 20000.00 City FL 32258 Transaction ID: SE.5402 Jacksonville Date of Disbursement or Obligation Purpose of Expenditure Category/ Text Messages 10 23 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 72665.98 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item On Impact Strategies, LLC 2018 03 Mailing Address P.O. Box 155 Amount 230.44 City State Zip Code Ruckersville Transaction ID: SE.5622 VA 22968 Date of Disbursement or Obligation Purpose of Expenditure Category/ Data 03 2018 11 Type Name of Federal Candidate: 01 x Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 138216.34 2018 Per Election for Office Sought Other (specify) ▶ 20230.44 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 154624.34 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. Fahy, Amanda,,, [Electronically Filed] 12 06 2018 Date Signature

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