Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Conservatives for America 6441 Bretton Way ADDRESS (number and street) (Check if address is changed) Chanhassen 55317 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .john.kunitz@unisys.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00678789 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kunitz, John, William, MR, Type or Print Name of Treasurer Kunitz, John, William, MR, [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:  (National, State	(Democratic,
(d)	×	NAT ' ' DED	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Conservatives f	or America	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the per	rson in possession of committee
	ın, William, MR,	1
Full Name	,6441 bretton way	
Mailing Address		
		55247
	chanhassen	55317
Title or Position	CITY STATE	ZIP CODE
Treasuerer	95	52
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
Full Name Kunitz, Joh of Treasurer	n, William, MR,	
Mailing Address	6441 bretton way	
	chanhassen MN	55317
Title or Position Treasuerer	CITY STATE  95  Telephone number	ZIP CODE  2 212 - 0637

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Full Name of Designated	Ernst, Vicki, , Ms,	
Agent	040 Cros D:	
Mailing Address	840 Cree Dr	
	Chanhassen MN 55317	
	CITY STATE ZIF	IP CODE
Title or Position Chairman		01   6181
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Klein Bank- ,600 w 78th st	
safety deposit b	oxes or maintains funds.  Depository, etc.  Klein Bank- ,600 w 78th st	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Klein Bank- ,600 w 78th st	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Klein Bank-  600 w 78th st	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Klein Bank-  600 w 78th st  chanhassen  MN 55317	ZIP CODE
safety deposit b Name of Bank,	chanhassen  CITY  STATE  ZII	
safety deposit b Name of Bank, Mailing Address	chanhassen  CITY  STATE  ZII	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Klein Bank-  600 w 78th st  chanhassen  CITY  STATE  ZII  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Klein Bank-  600 w 78th st  chanhassen  CITY  STATE  ZII  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Klein Bank-  600 w 78th st  chanhassen  CITY  STATE  ZII  Depository, etc.	