PAGE 1 / 39

Image# 201809209122089245

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For O	her Than An A	Authorized	d Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in fu		OR PRINT ▼		ample: If typer the lines.	oing, type	12FE4	M5		
COURAGEOUS	CONSER	ATIVES PAG							1
	212	Yeardley Ave							
ADDRESS (number and ■	street)								
Check if different than previously reported. (ACC	/ Lvn	chburg				VA	24501		
2. FEC IDENTIFICA	TION NUMBER	▼	CITY ▲			STATE ▲		ZIP COD	E 🛦
C C00587022		3	B. IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo		Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	x S	ug 20 (M8) ep 20 (M9) ect 20 (M10)	Ë	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly I October 18	Report (Q2)	(c) 12-Day PRE-Election Report for the		Primary (12	PP)	Gene	ral (12G)	-	Runoff (12R)
January 3	Report (Q3) I Report (YE)	E	ection on	M = M	/ D D /	YIYIY	Y	in the State of	
July 31 Mi Report (No Year Only)	on-election	(d) 30-Day POST-Election Report for the		General (30	OG)	Runof	f (30R)		Special (30S)
Terminatio (TER)	n Report	·	ection on	M = M	/ D = D /	Y Y Y	Y	in the State of	
5. Covering Period	08	01 / 20	18	through	08	31	200		
I certify that I have exa	Fah	ort and to the bes y, Amanda, , ,	st of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Fahy, Amand	a, , ,		[Electronica	lly Filed]	Date 09) D 20		2018
NOTE: Submission of fal	se, erroneous, o	r incomplete inform	nation may s	ubject the pe	erson signing t	this Report to	o the penalti	es of 52 l	J.S.C. § 30109
Office Use Only								FORI dev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	(a) Cash on Hand January 1, 2018		2510.43
	(b) Cash on Hand at Beginning of Reporting Period	51270.86	
	(c) Total Receipts (from Line 19)	50361.00	176411.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101631.86	178921.43
7.	Total Disbursements (from Line 31)	59981.38	137270.95
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41650.48	41650.48
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	294251.32	

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. 05/2016)

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

I. Receipts outions (other than loans) From: dividuals/Persons Other onan Political Committees Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
dividuals/Persons Other nan Political Committees	50000 00	
nan Political Committees	50000 00	
	50000 00	
Itemized (use Schedule A)		4.47500.00
	3 00000.00	147500.00
Unitemized	361.00	411.00
) TOTAL (add		
Lines 11(a)(i) and (ii)▶	50361.00	147911.00
olitical Party Committees	0.00	0.00
-	45 45 45	4 4 4
	0.00	0.00
(a)(iii), (b), and (c)) (Carry		
tals to Line 33, page 5)	50361.00	147911.00
ers From Affiliated/Other		
Committees	0.00	0.00
ins Received	0.00	28500.00
Description of	0.00	0.00
	0.00	0.00
·	0.00	0.00
	4 4	49. 49. 45.
eral Candidates and Other		
Il Committees	0.00	0.00
Federal Receipts	4	29. 29. 25.
nds, Interest, etc.)	0.00	0.00
ers from Non-Federal and Levin Funds	7	4 4
n-Federal Account		
om Schedule H3)	0.00	0.00
in Funds (from Schodulo UE)	0.00	0.00
III I dilas (IIOIII Scriedule 113)	3.00	4 4
al Transfers (add 18(a) and 18(b))	0.00	0.00
	Dilitical Party Committees	TOTAL (add Lines 11(a)(i) and (ii)

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
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	3.55	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	5742.74	13859.31
(c) Total Operating Expenditures	5710.71	42050 24
(add 21(a)(i), (a)(ii), and (b))▶	5742.74	13859.31
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	4 4	4 4
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 4	4 4
(use Schedule E)	54238.64	123411.64
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		7 7 7
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loone Mode	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
That I billiour committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4 4	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
TYON T GOOTGI DONGLIGHO)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	(0))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Lovin" Shara	222	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
VIVII VIVI TELEVIII T	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	59981.38	137270.95
	39901.30	13/2/0.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	59981.38	137270.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 50361.00 147911.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 147911.00 50361.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 5742.74 13859.31 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 5742.74 13859.31 (subtract Line 37 from Line 36)

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	39
(check only one)									
	X	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 na	ame and ad	dress of any political commit	nittee to solicit contributions from such committee.	
	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	Date of Receipt			
	City	State	Zip Code 81611	08 01 2018 Transaction ID : SA11Al.5326	
	Aspen FEC ID number of contributing federal political committee.	C	31011	Amount of Each Receipt this Period 5000.00	
	Name of Employer (for Individual) Retired Receipt For:	Retire		Memo Item	
	Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 55000.00		
В.	Full Name of Individual (Last, First, Middle Initial Hillman, Tatnall, , , Mailing Address 504 W Bleeker St	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Aspen FEC ID number of contributing federal political committee.	State CO	Zip Code 81611	Transaction ID : SA11AI.5350 Amount of Each Receipt this Period 45000.00	_ 7
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 100000.00		
С.	Full Name of Individual (Last, First, Middle Initial Mailing Address	l) or Full Org	ganization Name	Date of Receipt	
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		Amount of Each Necept this Feriod	
	Name of Employer (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼		
s	UBTOTAL of Receipts This Page (optional)			50000.00	
т	OTAL This Period (last page this line number on	ly)		▶ 50000.00	

ľ

SCHEDULE B (FEC Form 3X)		R LINE NUMBER: PAGE 7 OF 39			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	heck only one) 21b 22 23 26 27 28a 28b 28c 29 30b			
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	ES PAC				
Full Name (Last, First, Middle Initial) - Anedot	Date of Disbursement				
Mailing Address PO Box 84314		08 31 2018			
City Baton Rouge Purpose of Disbursement	State Zip Code LA 70884	FEC Identification Number			
Anedot Fee Candidate Name	Cat	C C00587022 Transaction ID : SB21B.5328 Amount of Each Disbursement this Period			
COURAGEOUS CONSERVATIVE Office Sought: House Senate Disburse	ement For: 2018	ype 200.30			
President State: District:	Other (specify) ▼	Memo Item			
Full Name (Last, First, Middle Initial) - Atlantic Media	Date of Disbursement				
Mailing Address Box 297	08 27 2018				
City Rodanthe Purpose of Disbursement	FEC Identification Number C C00587022				
Polling Data Candidate Name COURAGEOUS CONSERVATIVE		egory/ ype Transaction ID : SB21B.5320 Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate	ement For: 2018 Primary General	5000.00			
State: President District:	Other (specify)	Memo Item			
Full Name (Last, First, Middle Initial) - C&H Financial Services		Date of Disbursement			
Mailing Address 1 Westbrook Corporate Center Ste 300		08 02 2018			
City Westchester Purpose of Disbursement	State Zip Code 60154	FEC Identification Number			
BankCard Fees Candidate Name		C C00587022 Transaction ID : SB21B.5322 Amount of Each Disbursement this Period			
Senate x	ement For: 2018 Primary General Other (specify)	50.85			
President	Memo Item				

S 17

SCHEDULE B (FEC Form 3X)	FOR LINE				E NUMBER: PAGE 8 OF 39				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	1 ` —		nly one)				
		Summary Page	 		22	23	26	27 20h	
[1			28a	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)					_				
A. C&H Financial Services						Date of Disbursement			
Mailing Address 1 Westbrook Corporate Center Ste 300		I			08	0	7	2018	
City Westchester	State IL	Zip Code 60154			FEC Ide	entificatio	n Number		
Purpose of Disbursement	ı_	00104		_	С	C005870	22	-	
BankCard Fees								F224	
Candidate Name			Categor	v/			ID: SB21B. Disburseme	5324 nt this Period	
COURAGEOUS CONSERVATIVE			Type		2 2				
	ment For: 2					-		20.00	
Senate	Primary	General							
State: District:	Other (spec	uiy) ▼			Me	mo Item			
Full Name (Last, First, Middle Initial)									
B. Fahy, Amanda, , ,					Date of	Disburse	ement		
					M = M	1 1 -		Y Y Y	
Mailing Address 212 Yeardley Ave					08	1	4	2018	
City	State VA	Zip Code 24501			FEC Ide	entificatio	n Number		
Lynchbug Purpose of Disbursement	VA	S PAC Category/ Type nent For: 2018			C C00587022 Transaction ID : SB21B.5315				
Treasury Fee									
Candidate Name							_	nt this Period	
COURAGEOUS CONSERVATIVE					-				
	1							315.55	
Senate x	Primary								
President State: District:	Other (spec	ciry)			Me	mo Item			
Full Name (Last, First, Middle Initial)									
C. Wells Fargo					Date of	Disburse		Y • Y • Y	
Mailing Address Rt. 70					08			2018	
City	State	Zip Code			EEC Id	ontification	n Number		
Medford	NJ	08055			FEU 10	-nuncatio	n Number		
Purpose of Disbursement Wire Fee						C005870	22 ID : SB21B.	5317	
Candidate Name			Categor	y/				nt this Period	
COURAGEOUS CONSERVATIVI			Туре					00.00	
Conoto	ment For: 2						7	30.00	
Senate President	Primary Other (spec	General							
State: District:	Ciriei (spec	∪ii <i>y)</i> ▼			Me	mo Item			
1					_				
SUBTOTAL of Disbursements This Page (optional).				•				365.55	
TOTAL This Period (last page this line number only	0							5616.70	

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

PAGE 9 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	RVATIVE	ES PAC	Transaction ID : SC/10.4280
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	liddle Initial)	N ☐ Memo Item ☐ Election: Primary General
Mailing Address 25 Highland Par Suite 100	k Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	000.00	Cumulative Pay	byment To Date Balance Outstanding at Close of This Period 0.00 12000.00
Date Incurred M 10 / 21 / 20		M = M / D = D	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 Pag			1200.00
Carry outstanding balance only to	LINE 3, So	hedule D, for this	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 39

		Detailed Sulfillary 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, , ,	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				
15000.00	7	0.00 15000.00				
TERMS Date Incurred	D	te Due Interest Rate Secured:				
M11	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)						
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

PAGE 11 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full COURAGEOUS CONS	,	S PAC	Transaction ID : SC/10.4283
LOAN SOURCE Full Name Ekstrom, Christopher, , ,	e (Last, First, M	iddle Initial)	N
Mailing Address 25 Highland Suite 100	Park Village		General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	30000.00	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period 0.00 30000.00
TERMS Date Incurred	^Y 2015	M = M / D = I	% (apr) Yes X No
List All Endorsers or Guara 1. Full Name (Last, First, Mi	, ,,	to Loan Source	Name of Employer
1. Tuli Name (Last, Flist, Wi	dale ilitial)		reality of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This OTALS This Period (last page			
arry outstanding balance onl	y to LINE 3, Sc	hedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 12 OF 39

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4404				
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				
6500.00	-	0.00 6500.00				
TERMS Date Incurred	Da	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 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						
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

PAGE 13 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.4405	
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N	
Mailing Address 25 Highland Park Suite 100	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 20000.00	
Date Incurred MO1		M = M / D = D	ate Due Interest Rate Secured: 0.00 % (apr) Yes No	
List All Endorsers or Guarantor 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:	
COTALS 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.	

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

PAGE 14 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4406	
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N	
Mailing Address 25 Highland Par Suite 100	k 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 8000.00	
TERMS Date Incurred Date Due 25 / Y 2016 Date Due			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	e 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, 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

PAGE 15 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (IN FU	,	S PAC	Transaction ID : SC/10.4500
LOAN SOURCE Full Nam Ekstrom, Christopher, , ,	ne (Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 8500.00		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 8500.00
TERMS Date Incurred Date Du O2 D3 D4 D4 D5 D6 D6 D6 D6 D6 D7 D7 D7 D7 D7			Date Due Interest Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First, Marchael)	, ,,,	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, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	Middle Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
CUBTOTALS This Period This			3300.00
	nly to LINE 3, Sc	hedule D, for th	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

PAGE 16 OF 39

FOR LINE 13 OF FORM 3X

		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID: SC/10.4505		
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	liddle 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		
30000.00	-	0.00 30000.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M02 ^M / D12 ^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 on		line. If no Schedule D, carry forward to appropriate line of Summary.		
Carry outstanging parance only to LINE 3. So	nequie D. for this	Time. II NO Schedule D. Carry Torward to appropriate line of Summary.		

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

PAGE 17 OF 39

		Detailed Summary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	-C DAC	Transaction ID : SC/10.4510
COURAGEOUS CONSERVATIVE	ES PAC	
LOAN SOURCE Full Name (Last, First, N Ekstrom, Christopher, , ,	liddle 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
17000.00		0.00 17000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
02 Date incorred	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		, 1700.00
		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 18 OF 39

FOR LINE 13 OF FORM 3X

		Polariou Garrinary 1 ago 1 Off Elive 15 Of 1 Offivi 5X		
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID: SC/10.4555		
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		
10000.00	-	0.00		
TERMS Date Incurred		ate Due Interest Rate Secured:		
M03 M / 18 J Y Y 2016	M M / D D	% (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)				
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

PAGE 19 OF 39

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 (optional)				
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.				

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

PAGE 20 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full COURAGEOUS CONS	•	S PAC	Transaction ID : SC/10.4891
LOAN SOURCE Full Name Ekstrom, Christopher, , ,	(Last, First, M	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	6000.00	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 6000.00
TERMS Date Incurred Date Du 07 11 2016			Date Due Interest Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guara 1. Full Name (Last, First, Mi	, ,,	to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This OTALS This Period (last page			
			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

PAGE 21 OF 39

		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4918	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle 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	
10013.46		0.00 10013.46	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 08	M M / D D	/ 12/31/2020	
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	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

PAGE 22 OF 39

FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X		
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	'ES PAC	Transaction ID : SC/10.4934		
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 Page	yment To Date Balance Outstanding at Close of This Period		
9500.00		0.00 9500.00		
TERMS Date Incurred	D	Pate Due Interest Rate Secured:		
M 09	M M / D D	/ 12/31/2020		
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)				
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

PAGE 23 OF 39

FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,
AME OF COMMITTEE (In Full) COURAGEOUS CONSERVAT	TIVES PAC	Transaction ID: SC/10.4948
LOAN SOURCE Full Name (Last, Fir Ekstrom, Christopher, , ,	st, Middle Initial)	Memo Item Election: Primary General
Mailing Address 25 Highland Park Villag Suite 100	e	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	Di	ate Due Interest Rate Secured:
M 11 / 16 / Y 2016	M = M / D = D	12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	**	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	15420.00
TOTALS This Period (last page in this lin	e 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.

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

PAGE 24 OF 39

FOR LINE 13 OF FORM 3X

		TOTALINE TO OTT OTHER SX		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.4995		
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		
12500.00		0.00 12500.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 08	M = M / D = D	/ 12/31/2021		
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	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
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.				

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

PAGE 25 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (IN Full) COURAGEOUS CONSER	RVATIVE	ES PAC	Transaction ID : SC/10.4996
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	liddle Initial)	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	300.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 300.00
	Y Y Y Y Y Y Y Y Y Y	M M / D D	ate Due Interest Rate Secured: 12/31/2021 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 Pag			300.00
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

PAGE 26 OF 39

FOR LINE 13 OF FORM 3X

					0 1011 21112 10 01 1 01111 011
AME OF COMMITTEE (In Full) COURAGEOUS CONSERVA	TIVES	S PAC			Transaction ID : SC/10.5028
LOAN SOURCE Full Name (Last, F Ekstrom, Christopher, , ,	irst, Mid	ldle Initial)		N Memo	Item Election: Primary General
Mailing Address 25 Highland Park Villa Suite 100	age				Other (specify) ▼
City		State	ZIP Code	9	
Dallas		TX	75205		
Original Amount of Loan		Cumulative Pay	ment To D	ate	Balance Outstanding at Close of This Period
5014.9	7	7		0.00	5014.97
TERMS Date Incurred		Da	ate Due	Interes	t Rate Secured:
M 09 M / D01 / Y 2017	Y	/ D D	12/3	31/2017	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to	Loan Source			
Full Name (Last, First, Middle Initial	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	1171171171
4. Full Name (Last, First, Middle Initia	al)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	otional)			······	5014.97
TOTALS This Period (last page in this I	line only)		······	
Carry outstanding balance only to LINE	E 3, Sch	edule D, for this	line. If no	o Schedule D, carry	y forward to appropriate line of Summary.

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

PAGE 27 OF 39

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.5068
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle 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
11000.00	7	0.00 11000.00
TERMS Date Incurred	D	te 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	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)		110000
TOTALS This Period (last page in this line onl		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 28 OF 39

FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5091
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 Pag	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	D	Pate Due Interest Rate Secured:
M11 / 10 / Y 2017	M M / D D	/ 12/31/2022
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)	750.00
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

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

PAGE 29 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSERV	'ATIVE	S PAC	Transaction ID : SC/10.5104
LOAN SOURCE Full Name (Last, Ekstrom, Christopher, , ,	First, Mi	ddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park V Suite 100	illage		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	5.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 22185.00
TERMS			
Date Incurred M 12 / D01 / Y 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: 1
List All Endorsers or Guarantors	(if any)	to Loan Source	
1. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page of			, 22103.00
Carry outstanding balance only to LL	NE 3. Sc	hedule 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

PAGE 30 OF 39

FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	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	D	ate Due Interest Rate Secured:
M 12 M / 06 / Y 2017 Y	M M / D D	/ 12/31/2021 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any	to Loan Source	Name of Familian
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)	5000.00
TOTALS This Period (last page in this line of	nly)	
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

PAGE 31 OF 39

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.5103
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle 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
6500.00		0.00 6500.00
TERMS Date Incurred	Di	te Due Interest Rate Secured:
M 12 M / D 18 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	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 onl		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 32 OF 39

		Detailed Summary Fage FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.5146
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	fiddle 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
500.00		0.00 500.00
TERMS Date Incurred		ate Due Interest Rate Secured:
M 04 M / D 14 D / Y 2018 Y	M = M / D = D	/ 12/31/2025 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	•	300.00
TOTALS This Period (last page in this line or		s line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding parameter only to LINE 3. S	Lineuale D. for this	nne. II no achequie D. Carry forward to appropriate line of Summary.

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

PAGE 33 OF 39

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.5187
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N
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	ment To Date Balance Outstanding at Close of This Period 0.00 22000.00
Date Incurred M 05		M M / D D	ate Due Interest Rate Secured: 12/31/2022 0.00 % (apr) Yes X 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			2200.00
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

PAGE 34 OF 39

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, , ,	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 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

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 35 OF 39 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		☐ Memo	Item Da	ate of Public Distribution/Dissemination
American Campaign Services, LLC				08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5830 E 2nd St			An	nount
Ste 8	0	7:- 0-1-		20507.04
City	State WY	Zip Code 82609		20597.94 ansaction ID : SE.5263
Purpose of Expenditure Advertising		Category/	Da	ate of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type	_	00 02 2010
Name of Federal Candidate: ROGERS, WENDY, , ,		Support	Office Sc	Λ7
NOGERO, WEINDT,,,		Oppose		State. State.
Calendar Year-To-Date Per Election for Office Sought	7	20597.94	Disbursei 2018	ment For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
American Campaign Services, LLC				08 21 2018
Mailing Address 5830 E 2nd St			Δn	nount
Ste 8				
City	State	Zip Code		3089.91 ransaction ID : SE.5291
Casper	WY	82609		ate of Disbursement or Obligation
Purpose of Expenditure Robo Calls		Category/ Type		08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		∡ Support	Office Sc	ought: House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date		47360.90		ment For: 🗶 Primary 🗌 General
Per Election for Office Sought	7 7	1100.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [23687.85
(b) SUBTOTAL of Unitemized Independent Expenditure	res.			
(4, 55-55)				
(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 File	ed]	M = M	20 / 2018
Signature	- · · · · · · · · · · · · · · · · · · ·	Date	9 09	20 2018

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 36 OF 39 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 Best Guest Media 14 2018 Mailing Address PO Box 3034 Amount City State Zip Code 2400.24 07474 Transaction ID: SE.5273 NJ Wayne Date of Disbursement or Obligation Purpose of Expenditure Category/ Marketing 80 14 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President State: Senate Disbursement For: x Primary General Calendar Year-To-Date 26323.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Campaign Headquarters 28 2018 08 Mailing Address P.O. Box 257 Amount 5000.00 City State Zip Code Transaction ID: SE.5297 Brooklyn IΑ 52211 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 08 28 2018 Type Name of Federal Candidate: 01 x Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President Senate State: x Primary Disbursement For: General Calendar Year-To-Date 52360.90 2018 Per Election for Office Sought Other (specify) ▶ 7400.24 (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] 09 20 2018 Date Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 37 OF FOR LINE 24 OF FO	39 DRM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	
COURAGEOUS CONSERVATIVES F	PAC		C C00587022	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	Y
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemin	nation
Grenax Broadcasting II, LLC)18
Mailing Address 112 E Rte 66			Amount	710
City	State	Zip Code	250	0.00
Flagstaff	AZ	86001	Transaction ID : SE.5265 Date of Disbursement or Obligation	
Purpose of Expenditure Advertising	I	Category/ Type	M M / D D / Y Y)18
Name of Federal Candidate:		✗ Support	Office Sought: X House District:	01
ROGERS, WENDY, , ,		Oppose	President Senate State:	AZ
Calendar Year-To-Date				General
Per Election for Office Sought	7-1-1-7-	23097.94	2018 ☐ Other (specify) ▶	
Full Name of Payee Grenax Broadcasting II, LLC		☐ Memo	M M / D D / Y Y	nation
Mailing Address 112 E Rte 66			Amount	
City	State	Zip Code	82	4.82
Flagstaff	AZ	86001	Transaction ID : SE.5266 Date of Disbursement or Obligation	
Purpose of Expenditure Adversiting		Category/ Type	M M / D D / Y Y)18
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 1 1	23922.76	Disbursement For: Primary 2018 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			. 3324	82
(a) COLIC ME OF NOTIFICE MASSPORTATION Experiations			002	
(b) SUBTOTAL of Unitemized Independent Expenditure	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 Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	9 20 2018	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 39 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	08 20 2018 mount
City	State	Zip Code	— r	2387.99
Flagstaff	AZ	86001		ansaction ID : SE.5288 ate of Disbursement or Obligation
Purpose of Expenditure Advertisement	Category/ Type			08 / 20 / 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	7	44270.99	Disburser 2018	ment For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Grenax Broadcasting II, LLC		_ Wemo	item 20	08 28 2018
Mailing Address 112 E Rte 66				2010
1.22.110.11			An	nount
City	State	Zip Code		1877.74
Flagstaff	AZ	86001		ransaction ID : SE.5299 ate of Disbursement or Obligation
Purpose of Expenditure Marketing		Category/ Type		08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 01
ROGERS, WENDY, , ,	Oppose	President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	54238.64	Disburser 2018	ment For: ✓ Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			[4265.73
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	7 7
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 File	ed1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 09	20 2018

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITORES				PAGE 39 OF 39 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 / D D / Y Y Y Y			
Full Name of Payee	Item Date	of Public Distribution/Dissemination					
iHeartMedia				08 14 2018			
Mailing Address 4686 E Van Buren St			Amou				
City	State	Zip Code		15560.00			
Phoenix	AZ	85008		action ID : SE.5274 of Disbursement or Obligation			
Purpose of Expenditure Adversitement		Category/ Type		08 / 14 / 2018			
Name of Federal Candidate:		✗ Support	Office Sough	nt: National Marketine Mar			
ROGERS, WENDY, , ,		Oppose	Preside	Λ7			
Calendar Year-To-Date Per Election for Office Sought	7	41883.00	Disbursemer 2018	nt For: x Primary General			
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination			
			_ N	1 M / D D / Y Y Y Y			
Mailing Address							
			Amou	nt			
City	State	Zip Code		9 1 9 1 0 1			
			Date	of Disbursement or Obligation			
Purpose of Expenditure	Category/ Type/		/ D D / Y Y Y Y Y				
Name of Federal Candidate:		Support	Office Sough	nt: House District:			
		Oppose	Preside	ent Senate State:			
Calendar Year-To-Date			Disbursemer	t For: Primary General			
Per Election for Office Sought	7 7		C	other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			.	15560.00			
(b) SUBTOTAL of Unitemized Independent Expenditu	es		•				
(c) TOTAL Independent Expenditures			•	54238.64			
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]	M = M /	D D / Y Y Y Y Y Y 2018			
Signature		_ Date	9 09	20 2018			