



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HOUSE CONSERVATIVES FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="178032.26"/>	<input type="text" value="178032.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="118828.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29060.00"/>	<input type="text" value="371518.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="147888.01"/>	<input type="text" value="549551.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="74481.31"/>	<input type="text" value="476144.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73406.70"/>	<input type="text" value="73406.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**HOUSE CONSERVATIVES FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7375.00	76143.00
(ii) Unitemized .....	685.00	76865.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8060.00	153008.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	218500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29060.00	371508.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	9.88
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))..... ▶	29060.00	371518.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29060.00	371518.76

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5481.31	244144.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5481.31	244144.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	227000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74481.31	476144.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74481.31	476144.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29060.00	371508.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29060.00	366508.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5481.31	244144.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5481.31	244144.32

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

**A. Julie Hershey Carr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1735 Fairview Ave.

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kountoupes Consulting LLC	Occupation Consulting
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11AI.80579**

Amount of Each Receipt this Period  

1250.00
---------

**B. John P. Creasman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1130 N. Loma Vista Dr.

City Mesa	State AZ	Zip Code 85213
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : SA11AI.80656**

Amount of Each Receipt this Period  

1000.00
---------

**C. Donald Eichstaedt**  
Full Name (Last, First, Middle Initial)

Mailing Address 18222 Redwood Ave.

City Lathrup Village	State MI	Zip Code 48076
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : SA11AI.80662**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)  
**A. Carol Martin**

Mailing Address PO Box 1291

City State Zip Code  
Tarpon Springs FL 34688

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

Name of Employer Occupation  
Ellis & Co CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11AI.80652**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. James E. Mullen**

Mailing Address 23242 Tasmania Circle

City State Zip Code  
Dana Point CA 92629

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

Name of Employer Occupation  
none Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2014  
**Transaction ID : SA11AI.80640**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. George Rogers**

Mailing Address 3738 Jason ave.

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Wexler Walker Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : SA11AI.80644**

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3275.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

**A. Randall J. Tate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12508 Lawyers Rd.  
 City State Zip Code  
 Oak Hill VA 20171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tate Strategies Inc. Principal  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : SA11AI.80636**  
 Amount of Each Receipt this Period  
 1250.00

**B. Robb Watters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 627 Philip Digges Dr.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Madison Group Managing Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11AI.80648**  
 Amount of Each Receipt this Period  
 500.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7375.00





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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)  
**A. PROPERTY CASUALTY INSURERS ASSOC OF AMERICA PAC (PCIPAC)**

Mailing Address 2600 South River Road

City Des Plaines	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : SA11C.80578**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11C.80582**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. ROTHFUS FOR CONGRESS**

Mailing Address PO BOX 435

City SEWICKLEY	State PA	Zip Code 15143
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FEC ID number of contributing federal political committee. **C** C00497115

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11C.80580**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

**A. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 S.W. 8th Street  
 City Bentonville State AR Zip Code 72716  
 FEC ID number of contributing federal political committee. **C** C00093054  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C.80581**  
 Amount of Each Receipt this Period  
 1000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

### A. Huckaby Davis Lisker Inc.

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

Transaction ID : SB21B.80628

Amount of Each Disbursement this Period

4725.03
---------

Full Name (Last, First, Middle Initial)

### B. Squire Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

Transaction ID : SB21B.80627

Amount of Each Disbursement this Period

590.00
--------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5315.03
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5315.03
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

**A. ANDY TOBIN FOR CONGRESS**

Mailing Address 2532 NORTH 4TH STREET #528

City State Zip Code  
FLAGSTAFF AZ 86004

Purpose of Disbursement  
Contribution

011

Candidate Name

**ANDY TOBIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80591**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CARLOS CURBELO CONGRESS**

Mailing Address 8770 SUNSET DRIVE #355

City State Zip Code  
MIAMI FL 33173

Purpose of Disbursement  
Contribution

011

Candidate Name

**CARLOS CURBELO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80603**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK GUINTA**

Mailing Address P.O. Box 877

City State Zip Code  
Manchester NH 03105

Purpose of Disbursement  
Contribution

011

Candidate Name

**FRANK GUINTA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80606**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MIA LOVE**

Mailing Address 913 WEST GROUSE CIRCLE

City SARATOGA SPRINGS State UT Zip Code 84045

Purpose of Disbursement  
Contribution

011

Candidate Name  
**MIA LOVE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : **SB23.80607**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P.O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement  
Contribution

011

Candidate Name  
**NAN HAYWORTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : **SB23.80612**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. KLINE FOR CONGRESS**

Mailing Address 350 W BURNSVILLE PKWY  
STE 375

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement  
Contribution

011

Candidate Name  
**JOHN PAUL JR KLINE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : **SB23.80622**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
Contribution

011

Candidate Name

**MARTHA E MCSALLY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.80620**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement  
Contribution

011

Candidate Name

**RENEE JACISIN ELLMERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.80621**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement  
Contribution

011

Candidate Name

**RYAN A COSTELLO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.80599**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

**A. SENGER FOR CONGRESS**

Mailing Address PO BOX 4883

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement  
Contribution

011

Candidate Name

**DARLENE SENGER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80608**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. STRICKLAND FOR CONGRESS 2012**

Mailing Address 603 E ALTON AVE STE H

City SANTA ANA State CA Zip Code 92705

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**ANTHONY A STRICKLAND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : SB23.80630**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. WALTERS FOR CONGRESS**

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
Contribution

011

Candidate Name

**MIMI WALTERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80616**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

Full Name (Last, First, Middle Initial)

**A. WENDYROGERS.ORG**

Mailing Address 3030 S RURAL RD SUITE 120

City TEMPE State AZ Zip Code 85282

Purpose of Disbursement  
Contribution

011

Candidate Name

**WENDY ROGERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80595**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. WESTROM FOR CONGRESS**

Mailing Address PO BOX 210

City ELBOW LAKE State MN Zip Code 56531

Purpose of Disbursement  
Contribution

011

Candidate Name

**TORREY WESTROM**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : SB23.80629**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ZINKE FOR CONGRESS**

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**RYAN K ZINKE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : SB23.80605**

Amount of Each Disbursement this Period

4000.00

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

11500.00

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

69000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HOUSE CONSERVATIVES FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Huckaby Davis Lisker Inc.</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S. Washington St., Ste. 115	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 4725.03	Transaction ID : SD10.80573	
Amount Incurred This Period 0.00	Payment This Period 4725.03	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Squire Patton Boggs</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street, NW	
City State Zip Code Washington DC 20037	

Outstanding Balance Beginning This Period 590.00	Transaction ID : SD10.80572	
Amount Incurred This Period 0.00	Payment This Period 590.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	