

**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)..... ▶