PAGE 1 / 33

Image# 201904209149556439

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For	Other Than A	n Authorized	d Commit	tee		Office Us	e Only	
NAME OF COMMITTEE (iii		PE OR PRINT ▼		ample: If typer the lines.	oing, type	12FE4N	15		
COURAGEOU	JS CONSEI	RVATIVES F	PAC						1
ADDRESS (number a		12 Yeardley Ave							
Check if direction than previous reported. (A	usly , L	_ynchburg				VA	24501		
2. FEC IDENTIFIC	CATION NUMB	BER ▼	CITY ▲			STATE 		ZIP CODE	A
C C005870	22		3. IS THIS REPORT	×	NEW (N) OR	A (A	MENDED A)		
4. TYPE OF RE (Choose One) (a) Quarterly Re	eports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Ä	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	(No Yea De (No Yea	ov 20 (M11) on-Election ar Only) ec 20 (M12) on-Election ar Only) n 31 (YE)
April 19 Quarte July 15	rly Report (Q1)	(c) 12-Day	<u>-</u>	Primary (12	2P)	Genera	(12G)	Ru	noff (12R)
Quarte Octobe	rly Report (Q2)	Report fo		Convention	(12C)	Special	(12S)		
Januar	rly Report (Q3) y 31 nd Report (YE)		Election on	M = M	/ D = D /	Y Y Y Y Y		in the State of	
July 31 Report Year O	Mid-Year (Non-election nly) (MY)	(d) 30-Day POST-Ele Report fo		General (3	0G)	Runoff	(30R)	Spe	ecial (30S)
Termini (TER)	ation Report		Election on	M = M	/ D D /	Y		in the State of	
5. Covering Period	03	01	2019	through	M M	31	201		
I certify that I have of Type or Print Name	F	leport and to the Fahy, Amanda, , ,	best of my kno	wledge and	belief it is tru	ue, correct ar	nd complet	e.	
Signature of Treasur	Fahy, Amo	anda, , ,		[Electronica	lly Filed] [Date 04	M / D 20		2019
NOTE: Submission of	false, erroneous	s, or incomplete in	formation may su	ubject the pe	erson signing t	his Report to	the penaltie	s of 52 U.S	S.C. § 30109
Office Use Only								FORM ev. 05/2016	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1, 2019		47070.31
	(b) Cash on Hand at Beginning of Reporting Period	26567.53	
	(c) Total Receipts (from Line 19)	30.00	12562.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26597.53	59632.81
-	Total Disbursements (from Line 31)	7972.65	41007.93
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18624.88	18624.88
•	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Э.	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. Possints	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	30.00	1593.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	30.00	1593.00
	0.00	0.00
(b) Political Party Committees	0.00	45
(c) Other Political Committees	0.00	0.00
(such as PACs)	45 45 45	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	30.00	1593.00
Totals to Line 33, page 5) Transfers From Affiliated/Other	4	4 4
Party Committees	0.00	0.00
Faity Committees	0.00	7 7
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4	7 7 1 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	10969.50
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	
(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
(e) Isla Harisis's (add Isla) and Isla);	4	
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	30.00	12562.50
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	30.00	12562.50

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	Total Tillo I ollow	Calolidai Toul-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	7972.65	25147.71
(c) Total Operating Expenditures	7070 05	25147.71
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	7972.65	23147.71
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	15860.22
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(h) Delitical Deuts Committees	45 45 45 45	4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
	4 4	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity	0))	
(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	7	200
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7972.65	41007.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7972.65	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	7972.00	41007.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	30.00	1593.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30.00	1593.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7972.65	25147.71
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10969.50
8. Net Operating Expenditures (subtract Line 37 from Line 36)	7972.65	14178.21

ľ

	CHEDULE B (FEC Form 3X)	Use sena	Use separate schedule(s) FOR LINE NUMBER: (check only one)		
ΙΤI	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	(check only	22 23 26 27
				28a	28b 28c 29 30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full)				
	COURAGEOUS CONSERVATIVE	S PAC			
^	Full Name (Last, First, Middle Initial)				Data of Bisham
A.	C&H Financial Services		Date of Disbursement		
	Mailing Address 1 Westbrook Corporate Center Ste 300		I		03 04 2019
	City Swestchester	State IL	Zip Code 60154		FEC Identification Number
	Purpose of Disbursement Website Services				C
	Candidate Name				Transaction ID : SB21B.5871
	Canadato Namo			Category/ Type	Amount of Each Disbursement this Period
		nent For: 2		71.	200.85
	Senate x President	Primary Other (spec	General		
	State: District:	Other (Spec	''y) ▼		Memo Item
	Full Name (Last, First, Middle Initial)				
B.	C&H Financial Services				Date of Disbursement
	Mailing Address 1 Westbrook Corporate Center Ste 300		03 08 2019		
	City Westchester	State IL	Zip Code 60154		FEC Identification Number
	Purpose of Disbursement Website Services	100.00			C
	Candidate Name			Cotogony	Transaction ID : SB21B.5874
				Category/ Type	Amount of Each Disbursement this Period
		nent For: 2			20.00
		Primary General Other (specify)			
	State: District:	(-p-3-			Memo Item
_	Full Name (Last, First, Middle Initial)				Date of Disbursement
U.	Liz Curtis & Associates				M M / D D / Y Y Y Y
	Mailing Address 5 Halifax Court				03 06 2019
	City Marlton	State NJ	Zip Code 08053		FEC Identification Number
	Purpose of Disbursement Bookkeeping				C C00587022
	Candidate Name	Category/	Transaction ID : SB21B.5872 Amount of Each Disbursement this Period		
	COURAGEOUS CONSERVATIVE	Type			
Office Sought: House Disbursement For					2500.00
	Senate President	Primary Other (spec	General ify) ▼		П м
	State: District:	, (- -30	*/ *		Memo Item
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				2720.85

17

SCHEDULE B (FEC Form 3X)	I llog congrete cohodulo(s)			NUMBER:	PAGE 7 OF 33		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on	·		26 77	
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b	
Any information copied from such Deports and Otaton	onte mau =	ot he cold or ver					
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
COURAGEOUS CONSERVATIVE	S PAC						
/				+			
Full Name (Last, First, Middle Initial)				Date of	Disbursem	ent	
A. Macias Strategies, LLC			Date of	/ D D	/		
Mailing Address 655 Loop 337 Unit 303				03	13	2019	
,	State TX	Zip Code		FEC Ide	ntification I	Number	
New Braunfels Purpose of Disbursement	17	78130					
Data Analysis			$\overline{}$	C		0001D 5077	
Candidate Name			Category/	1): SB21B.5877 isbursement this Period	
			Type				
	nent For: 2					3000.00	
Senate x	Primary	General					
State: District:	Other (spec	ııy <i>)</i> ▼		Men	no Item		
Full Name (Last, First, Middle Initial)							
B. McMahan, Stacy, , ,				Date of	Disbursem	ent	
				M = M	/ D D	/ Y Y Y Y Y	
Mailing Address 8545 Kangaroo Rd				03	10	2019	
City	State	Zip Code					
Gilmer	TX	75644		FEC Ide	ntification I	Number	
Purpose of Disbursement				С			
Administrative Consulting					Transaction ID : SB21B.5875		
Candidate Name			Category/	Amount	of Each Di	sbursement this Period	
Office Sought: House Disbursen	nent For: 2	020	Туре			750.00	
	Primary	General			7	4	
	Other (specify)			☐ Mon	aa Itam		
State: District:				Ivier	no Item		
Full Name (Last, First, Middle Initial)							
C. Wiley, Kyle, , ,				Date of	Disbursem	ent	
Mailing Address 1420 N St NW				03	/ D D D	2019	
#605				0.5		2013	
City	State	Zip Code		FFC Ide	ntification I	Number	
Washington	DC	20005					
Purpose of Disbursement Marketing			· · · ·	C			
Candidate Name		0-4			D: SB21B.5876		
COURAGEOUS CONSERVATIVE	Category/ Type	Amount	UI EACII DI	sbursement this Period			
Office Sought: House Disbursen	nent For: 2	020		1 L	-45-1-	1500.00	
	Primary General					, , , , , , , , , , , , , , , , , , , ,	
President	Other (spec	ify) ▼		Men	no Item		
State: District:							
SUPTOTAL of Dichurcomente This Boss (actional)						5250.00	
SUBTOTAL of Disbursements This Page (optional)			······		7	45 45	
TOTAL This Period (last page this line number only)						7970.85	

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

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FOR LINE 13 OF FORM 3X

		Potanou duminary rago Port Elive 15 of Portivi 5X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4280
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
12000.00		0.00 12000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 10 M / D 21 D / Y 2015 Y	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	(l.	12000.00
TOTALS This Period (last page in this line o	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 9 OF 33

FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	Transaction ID : SC/10.4281	
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
15000.00		0.00 15000.00
Date Incurred 11 05 2015	M M / D D	late Due Interest Rate Secured: 'Yes No
	<u> </u>	% (apr) Yes X No
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	/) 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 (option	al)	15000.00
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

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				Detailed Suffill			13 OF FURM 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSEF	?\/ΔTI\/F	S PAC			Transa	ction ID : SC/10.4	283
JOURNAL COU CONSER	. v /\ I I V E						
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	iddle Initial)		N Me	mo Item E	Election: Primary	
						General	
Mailing Address 25 Highland Par	k Village					Other (specify	▼
Suite 100							
City		State	ZIP Cod	9	-		
Dallas		TX	75205				
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balanc	e Outstanding at	Close of This Period
300	000.00	7		0.00			30000.00
TERMS Date Incurred		D	ate Due	Inte	erest Rate		Secured:
M 11	15	M = M / D = D	/ Y			% (apr)	Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)			Name of Employ	er		
Mailing Address				Occupation			
Walling Address				осоврано			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 1 7	4
2. Full Name (Last, First, Middle	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	4.
3. Full Name (Last, First, Middle	Initial)			Name of Employ	er		
Moiling Address							
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	-
4. Full Name (Last, First, Middle	Initial)	'		Name of Employ	er		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · ·	
SUBTOTALS This Period This Pag	e (optional)			······			30000.00
OTALS This Period (last page in	this line on	ly)		······		. , ,	
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	s line. If n	o Schedule D. c	arry forwa	rd to appropriate	line of Summary.

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

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FOR LINE 13 OF FORM 3X

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVI	ES PAC	Transaction ID: SC/10.4405
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100 City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
01 / 22 / Y 2016	M = M / D = D	11/8/16 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	•	2000.00
TOTALS This Period (last page in this line or		
Carry outstanging palance only to LINE 3. So	cneaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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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 (La Ekstrom, Christopher, , ,	ast, First, M	liddle Initial)	N
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 8000.00			ment To Date Balance Outstanding at Close of This Period 0.00 8000.00
TERMS Date Incurred Date Due 25 / Y 2016			ate Due Interest Rate Secured: 0.00 (apr) Yes X No
List All Endorsers or Guaranto 1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	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 Pag	this line on	ly)	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.4500		
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		
8500.00		0.00 8500.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M ₀₂ M / D ₀₃ D / Y 2016	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	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 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	s line If no Schedule D. carry forward to appropriate line of Summary		

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

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FOR LINE 13 OF FORM 3X

					, ,	
AME OF COMMITTEE (In Full) COURAGEOUS CONSERVA	ATIVE	S PAC			Trans	saction ID: SC/10.4505
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,				N ☐ Mer	mo Item	Election: Primary General
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 Dat	е	Bala	nce Outstanding at Close of This Period
30000.	00		-	0.00		30000.00
Date Incurred M 02	Y	Da	ate Due		rest Rate 0.00	Secured: % (apr) Yes X No
List All Endorsers or Guarantors (i	f any) to	Loan Source				
1. Full Name (Last, First, Middle Init	ial)		Na	me of Employe	er	
Mailing Address			Oc	ccupation		
City	State	ZIP Code	Gu	nount laranteed ltstanding:		7 1 7 1 7
2. Full Name (Last, First, Middle Init	ial)		Na	me of Employe	er	
Mailing Address			Oc	ccupation		
City	State	ZIP Code	Gu	nount uaranteed utstanding:		71171171
3. Full Name (Last, First, Middle Init	3. Full Name (Last, First, Middle Initial)			me of Employe	ər	
Mailing Address			Oc	ccupation		
City	State	ZIP Code	Gu	nount Jaranteed Jitstanding:		7 1 7 1 7
4. Full Name (Last, First, Middle Initial)			Na	ame of Employe	ər	
Mailing Address			Oc	ccupation		
City	State	ZIP Code	Gu	nount Jaranteed Jitstanding:		7
SUBTOTALS This Period This Page (o	ptional) .			······•	E	30000.00
TOTALS This Period (last page in this		-			L	
Carry outstanding balance only to LIN	∟ 3, Sch	eaule D, for this	line. If no	Schedule D, ca	arry forw	ard to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4510		
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item		
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
17000.00	7	0.00 17000.00		
TERMS Date Incurred	D	te Due Interest Rate Secured:		
M 02 M / D 22 D / Y 2016	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)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

			Potation Carrinary 1 ago 1 Off Elive 15 of 1 Offivi 5X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	S PAC	Transaction ID: SC/10.4555
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas	Dallas TX 75		75205
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
10000.00		-	0.00 10000.00
		M M / D D	rate Due Interest Rate Secured: / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guarant 1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
1. Tull Name (Last, 1113t, Wildu	ie iriitai)		Traine 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, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	ige (optional)		10000.00
TOTALS This Period (last page in	n this line on	ly)	······
Carry outstanding balance only t	o LINE 3 Sc	hedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary

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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID : SC/10.4892		
LOAN SOURCE Full Name (Last, First, M Ekstrom, 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		
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 any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	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)				
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.		
Carry outstanding palance only to LINE 3. 50	neaule D. for this	Time. II NO Schedule D. Carry Torward to appropriate line of Summary.		

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (IN Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4891
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 Cumulative Payment To 6000.00			yment To Date Balance Outstanding at Close of This Period 0.00 6000.00
TERMS Date Incurred Date Due 07 11 2016			
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	e 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 Pag	this line on	ly)	
Carry outstanding balance only to	LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4918		
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	Middle Initial)	N		
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
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 State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line or		s line. If no Schedule D, carry forward to appropriate line of Summary.		
Carry Outstanding Datable UNIV to LINE 3. 5	CHEQUIE D. TOT TAIS	o mie. ii no ocheuule d. carry lorwaru to appropriate line of oummary.		

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.4934
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 9500.00			ment To Date Balance Outstanding at Close of This Period 0.00 9500.00
TERMS Date Incurred Date Due 19 2016			ate Due Interest Rate Secured: 12/31/2020 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 TOTALS This Period (last page in the			3300.00
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSERVA	TIVES	S PAC		Т	ransaction ID : SC/10.4948
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,				N	Election: Primary General
Mailing Address 25 Highland Park Village Suite 100					Other (specify) ▼
City		State	ZIP Cod	е	
Dallas		TX	75205	i	
Original Amount of Loan		Cumulative Pay	ment To D	Date E	Balance Outstanding at Close of This Period
15420.00	0			0.00	15420.00
TERMS Date Incurred		Da	ate Due	Interest F	Rate Secured:
M 11 / 16 / Y 2016	Y	/ D D	12/	31/2020 C	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to	Loan Source			
1. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	171171171
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	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)					
OTALS This Period (last page in this li					forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.4995		
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N ☐ Memo Item		
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
12500.00		0.00 12500.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:		
M 08 / D 07 / Y 2017	M = M / D = D	12/31/2021 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
OTALS 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

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FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X		
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	'ES PAC	Transaction ID : SC/10.4996		
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		
300.00		0.00		
TERMS Date Incurred	D	Pate Due Interest Rate Secured:		
M 08 / 31 / Y 2017 Y	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 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	s line. If no Schedule D. carry forward to appropriate line of Summary		

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

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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, First, Middle Initial) Ekstrom, Christopher, , ,				N Memo	Item Election: Primary General
Mailing Address 25 Highland Park Village Suite 100					Other (specify) ▼
City		State	ZIP Cod	le	
Dallas TX 752		75205	5		
Original Amount of Loan		Cumulative Pay	ment To D	Date	Balance Outstanding at Close of This Period
5014.97			<u> </u>	0.00	5014.97
TERMS Date Incurred		Da	ate Due	Interest	Rate Secured:
M 09	Y	/ D D	12/	31/2017 Y	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 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 (op	otional)			······	5014.97
TOTALS This Period (last page in this I	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.					

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON	
NAME OF COMMITTEE (IN Full) COURAGEOUS CONSERVATIV	Transaction ID: SC/10.5068		
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 752		75205	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
11000.00		0.00 11000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 10 M / D 16 M Y 2017	M M / D D	/ 12/31/2021 0.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any) to Loan Source	N CF	
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			

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC				
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 752		75205		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
750.00		0.00 750.00		
TERMS Date Incurred	C	ate Due Interest Rate Secured:		
M 11 / D 10 / Y 2017 Y	M M / D D	/ 12/31/2022		
List All Endorsers or Guarantors (if any	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 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				

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC				
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	fiddle Initial)	N ☐ Memo Item Election: Primary General		
Mailing Address 25 Highland Park Village	Other (specify) ▼			
	Suite 100			
City	State	ZIP Code		
Original Amount of Loan	Cumulative Pay			
22185.00	Cumulative 1 dy	0.00 22185.00		
TERMS Date Incurred		ate Due Interest Rate Secured:		
M 12 / 01 / Y 2017	M M / D D	12/31/2021 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
Carry outstanging palance only to LINE 3. So	cneaule D. for this	ine, it no schedule D. carry torward to appropriate line of Summary.		

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	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 752		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 / 06 / Y 2017 Y	M = M / D = D	/ 12/31/2021 0.00	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
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			

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC				
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 752		75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
6500.00		0.00 6500.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 12 / 18 / 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			
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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC				
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item		
Mailing Address 25 Highland Park Village	Other (specify) ▼			
Suite 100	State			
City	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	Da	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 X No		
List All Endorsers or Guarantors (if any) t	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)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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FOR LINE 13 OF FORM 3X

		Potation outlinery rago Port Elive 15 of Portivi 5X		
AME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC				
LOAN SOURCE Full Name (Last, Fire Ekstrom, Christopher, , ,	st, Middle Initial)	N ☐ Memo Item		
Mailing Address 25 Highland Park Villag Suite 100	e	Other (specify) ▼		
City	State	ZIP Code		
Dallas TX 752		75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
22000.00		0.00 22000.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 05 M / D 11 D / Y 2018 Y	M = M / D = D	12/31/2022 0.00 % (apr) Yes ✗ No		
List All Endorsers or Guarantors (if a		Name of Facilities		
1. 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 (optional)				
FOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary				

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.5243
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			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	rment To Date Balance Outstanding at Close of This Period
	00.00		0.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 06 / D 08 / Y 20	18 Y	M M / D D	/ 12/31/2020
List All Endorsers or Guaranto	ors (if any)	to Loan Source	
1. Full Name (Last, First, Middle	e 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	e Initial)		Name of Employer
Mailing Address			Occupation
City State ZIP Code		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	ly)	294251.32
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			