FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
	S CONSERVATIVES PAC	
	5 Halifax Ct	
ADDRESS (number and street		
<ul> <li>(Check if address is changed)</li> </ul>	Mariton CITY ▲	NJ       08053         STATE ▲       ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	DRESS	
(Check if address is changed)	financeccpac@gmail.com	
	Optional Second E-Mail Address	
(Check if address is changed)		
2. DATE 01 /	D D / Y Y Y Y 10 2018	
3. FEC IDENTIFICATION	NUMBER ► C C00587022	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examine	d this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	surer Fahy, Amanda, , ,	
Signature of Treasurer	ahy, Amanda, , , [Electronically Filed]	Date 01 / 0 0 / 2018
NOTE: Submission of false, er	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF C	COMMITTEE
Candidate	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	ion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Corr	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

## COURAGEOUS CONSERVATIVES PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraisin	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and pos	ition of the person in p	possession of committee
	Fahy, Ama	nda, , ,			
		212 Yeardley Ave		<u> </u>	
	Mailing Address				
		Lynchburg		VA24501	1
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone nu	mber [	
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of t ssistant treasurer).	he treasurer of th	e committee; and the	name and address of
	Full Name Fahy, Ama				
	Mailing Address	212 Yeardley Ave			
				VA 24501	

	CITY	STATE	ZIP CODE
Title or Position Treasurer	Te	elephone number	

VA

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																									_
Full Name of Designated Agent						 																			
Mailing Address																									
CITY						STATE ZIP CODE																			
Title or Position																									
											Tele	eph	one	e ni	umt	ber									

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of E	Bank, D	epository,	etc.
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Wells F	argo			
Mailing Address	179 NJ 70			
	Medford		NJ 0805	5
		CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.			
Mailing Address				
		CITY	STATE	ZIP CODE