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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X | For | Other | Than An | Authorized | d Commi | ttee | | Office U | lse Only | |
|--|--|------------------|-------------------------------------|-------------------------------------|------------------------------|--|-------------|--------------------------------------|---------------------------|---|
| NAME OF COMMITTEE (in | | PE OR P | PRINT ▼ | | ample: If ty er the lines | | 12FE | 24M5 | | |
| COURAGEOU | JS CONSEI | RVAT | IVES PA | С | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS (number a | | Halifax | Ct | | | | | | | |
| Check if diff than previous reported. (A | ısly , ı | Marlton | | | | | NJ | 0805 | 3 - | |
| 2. FEC IDENTIFIC | CATION NUMB | BER ▼ | | CITY 🛦 | | | STATE A | | ZIP COD | E 🛦 |
| C C0058702 | 22 | | 3 | B. IS THIS REPORT | x | NEW (N) OR | | AMENDED (A) | | |
| 4. TYPE OF RE (Choose One) (a) Quarterly Re | eports: | (b) Mont Repo | ort | Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) | × | May 20 (M5 Jun 20 (M6) Jul 20 (M7) | | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) | | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) |
| July 15 | ly Report (Q1) | (c) | 12-Day PRE-Election | | Primary (1 | 2P) | Ger | neral (12G) | F | Runoff (12R) |
| October | | | Report for th | ie: | Convention | n (12C) | Spe | ecial (12S) | | |
| January | | | E | ection on | M M | / D D / | Y | Y | in the State of | |
| Report Year Or | Mid-Year (Non-election nly) (MY) | (d) | 30-Day POST-Election Report for the | | General (3 | 30G) | Rur | noff (30R) | | Special (30S) |
| (TER) | tion Report | | E | ection on | M = M | / D = D / | Y | Y | in the State of | |
| 5. Covering Period | M M 05 | 01 | | 17 | through | n 05 | 31 | | 17 | |
| I certify that I have e | (| | nd to the bedizabeth, , , | st of my kno | wledge an | d belief it is t | rue, correc | ct and comple | te. | |
| Signature of Treasure | Curtis, Eli | izabeth, , , | , | | [Electronic | ally Filed] | Date | M M / D | | 2017 |
| NOTE: Submission of | false, erroneous | , or inco | mplete inforn | nation may si | ubject the p | erson signing | this Repor | t to the penalt | ies of 52 l | J.S.C. § 30109 |
| Office Use | | | | | | | | | FORN Rev. 05/20 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

| F | | 05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | o: 05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|------------|--|---|--|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| ò. | (a) Cash on Hand January 1, 2017 | | 2862.52 |
| | (b) Cash on Hand at Beginning of Reporting Period | 2221.62 | |
| | (c) Total Receipts (from Line 19) | 0.00 | 0.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 2221.62 | 2862.52 |
| 7 . | Total Disbursements (from Line 31) | 220.85 | 861.75 |
| 3. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2000.77 | 2000.77 |
|). | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | the Committee (Itemize all on Schedule C and/or Schedule D) | 202501.35 | |

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

| Receipts | R | eport Covering the Period: From: | 01 / 2017 To: | 05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|--|-----|---|---------------|---|
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | | I. Receipts | | |
| (i) Itemized (use Schedule A) | 11. | (a) Individuals/Persons Other | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | | | 0.00 | 0.00 |
| Lines 11(a)(i) and (ii) | | ` ' | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | | 0.00 | 0.00 |
| (such as PACs) | | | 0.00 | 0.00 |
| Totals to Line 33, page 5) | | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| Party Committees | 10 | Totals to Line 33, page 5) | 0.00 | 0.00 |
| 14. Loan Repayments Received | 12. | | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 13. | All Loans Received | 0.00 | 0.00 |
| (Carry Totals to Line 37, page 5) | | Offsets To Operating Expenditures | 0.00 | 0.00 |
| Political Committees | 16. | (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| (Dividends, Interest, etc.) | 17. | Political Committees | 0.00 | 0.00 |
| (from Schedule H3) | | (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts | | ` ' | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ 20. Total Federal Receipts | | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ 0.00 0.00 20. Total Federal Receipts | | (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| | 19. | | 0.00 | 0.00 |
| | 20. | · | 0.00 | 0.00 |

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) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 220.85 | 861.75 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party | 220.85 | 861.75 |
| Contributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | |
| F | 0.00 | 0.00 |
| Loans Made Refunds of Contributions To: (a) Individuals/Persons Other | 0.00 | 0.00 |
| Than Political Committees | 0.00 | 0.00 |
| (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 | 0.00 |
| Other Disbursements (Including | | |
| Non-Federal Donations) | 0.00 | 0.00 |
| Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (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 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)) | 220.85 | 861.75 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 220.85 | 861.75 |

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) 0.00 0.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 0.00 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 220.85 861.75 (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 220.85 861.75 (subtract Line 37 from Line 36)

S 17

| SCHEDULE B (FEC Form 3X) | | FOR L | | | E NUMBER: PAGE 6 OF 21 | | |
|---|--------------------|-----------------------------------|-------------------|---------------------------|-----------------------------|-------------|-------------------|
| ITEMIZED DISBURSEMENTS | | arate schedule(s) category of the | I ` | neck only one) X 21b | | | |
| | | Summary Page | | 21b 22 28a 28b | 23 | 26 | 27 30b |
| Any information copied from such Reports and State | ments may | not be sold or use | | | | | |
| or for commercial purposes, other than using the na | me and add | ress of any political | al committe | e to solicit c | ontributio | ns from su | ich committee. |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| $ \; angle$ COURAGEOUS CONSERVATIVE | ES PAC | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. C&H Financial Services | | | | Date | of Disbur | sement | |
| | | | | M | | D / | YYYY |
| Mailing Address 1 Westbrook Corporate Center Ste 300 | | | | 05 | | 01 | 2017 |
| City | State | Zip Code | | FFC | dentificat | ion Numbe | er |
| Westchester | IL | 60154 | | | Jonandal | .S. Nullibe | |
| Purpose of Disbursement Merchant Services Fees | | | | C | C00587 | 7022 | |
| Candidate Name | | | Coto | | | on ID : SB2 | - |
| COURAGEOUS CONSERVATIVE | S PAC | | Category, Type | AIIIOU | iii oi Eac | II DISDUISE | ement this Period |
| | ement For: | | | $\neg \bot$ | | | 200.85 |
| Senate x | Primary Other (spe | General | | | | | |
| State: District: | Journel (spe | (Giry) ▼ | | N | lemo Iten | n | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| B. C&H Financial Services | | | | Date | of Disbur | sement | |
| Mailing Address A Wasters LO | | | | M | M / D | | 2017 |
| Mailing Address 1 Westbrook Corporate Center Ste 300 | T- | | | 05 | | 08 | 2017 |
| City Westchester | State IL | Zip Code 60154 | | FEC | dentificat | ion Numbe | er |
| Purpose of Disbursement | | 00104 | | C | C00587 | 022 | |
| Gateway Services | | | | | Transaction ID : SB21B.4973 | | 1B.4973 |
| Candidate Name COURAGEOUS CONSERVATIVE | = 0 D \ C | | Category | | | _ | ement this Period |
| | ement For: | 2018 | Туре | | | | 20.00 |
| Senate Stag.iii | 1 | General | | | | | 46 |
| President | Other (spe | ecify) | | □ N | lemo Iten | า | |
| State: District: | | | | | | | |
| Full Name (Last, First, Middle Initial) C. | | | | Date | of Disbur | sement | |
| | | | | M | | | Y Y Y Y Y |
| Mailing Address | | | | L. | IJ L | | |
| City | State | Zip Code | | FEC | dentificat | ion Numbe | er |
| Purpose of Disbursement | | | | | | | |
| • | | | | | | | |
| Candidate Name | Amou | nt of Eac | h Disburse | ement this Period | | | |
| Office Sought: House Disburse | \dashv \vdash | | | | | | |
| Senate Primary General | | | | | - 4 | | - 4 |
| President | N | lemo Iten | า | | | | |
| State: District: | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | | | | | | 220.85 |
| | | | | - # | - 1 | | 200 27 |
| TOTAL This Period (last page this line number only | v) | | | | | | 220.85 |

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) | | | | |
| FOTALS This Period (last page in this line only) | | | | |
| 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 Page FOR LINE 13 OF FORM 3X | | |
|--|--------------------|---|--|--|
| AME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4281 | | |
| COURAGEOUS CONSERVATIVE | S PAC | | | |
| LOAN SOURCE Full Name (Last, First, M | iddle Initial) | N ☐ Memo Item | | |
| Ekstrom, Christopher, , , | , | Primary | | |
| Mailing Address 25 Highland Park Village | | General Other (specify) ▼ | | |
| Suite 100 | | Curior (opcority) V | | |
| City | State | ZIP Code | | |
| Oity | State | | | |
| Dallas | TX | 75205 | | |
| Original Amount of Loan | Cumulative Payn | nent To Date Balance Outstanding at Close of This Period | | |
| 15000.00 | | 0.00 15000.00 | | |
| TERMS Date Incurred | Dat | e Due Interest Rate Secured: | | |
| 11 05 Y 2015 | 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 | | |
| 0.1 | 710.0.1. | | | |
| 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 | ly) | ······································ | | |
| Carry outstanding balance only to LINE 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

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| | | Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X | | |
|--|----------------|---|--|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE | S PAC | Transaction ID : SC/10.4283 | | |
| LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , , | ddle 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 | | |
| 30000.00 | - | 0.00 30000.00 | | |
| TERMS Date Incurred | D | te Due Interest Rate Secured: | | |
| M 11 M / D 17 D / Y 2015 | 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) | | | | |
| | | 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

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4404 **COURAGEOUS CONSERVATIVES PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , , Memo Item Primary General Mailing Address 25 Highland Park Village Other (specify) ▼ Suite 100 City State ZIP Code Dallas 75205 TX Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6500.00 6500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 01 2016 11/8/16 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 6500.00 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 Summary Page FOR LINE 13 OF FORM 3X | | |
|--|----------------------|---|--|--|
| AME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4405 | | |
| COURAGEOUS CONSERVATIV | 'ES PAC | | | |
| LOAN SOURCE Full Name (Last, First, | Middle Initial) | N | | |
| Ekstrom, Christopher, , , | ivilidate iritiat) | 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 | | |
| 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 | | | |
| 1. Full Name (Last, First, Middle Initial) | , | Name of Employer | | |
| | | | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed | | |
| O. Full Name (Leat First Middle Initial) | | 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 | | | | |
| Walling Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| Walling 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 2 | Schedule D. for this | line. If no Schedule D, carry forward to appropriate line of Summary. | | |
| carry outstanding balance only to LINE 3, 3 | oriedale D, for this | inie. Il no schedule D, carry forward to appropriate line or summary. | | |

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4406 **COURAGEOUS CONSERVATIVES PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , , Memo Item Primary General Mailing Address 25 Highland Park Village Other (specify) ▼ Suite 100 City State ZIP Code Dallas 75205 TX Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8000.00 8000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 25 01 2016 11/8/16 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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 ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 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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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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| | | Detailed Sulfillary Page FOR LINE 13 OF FORM 3X | | |
|--|----------------|---|--|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE | S PAC | Transaction ID: SC/10.4505 | | |
| LOAN SOURCE Full Name (Last, First, Mi 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 | | |
| 30000.00 | | 0.00 30000.00 | | |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: | | |
| M02 ^M / D12 ^D / Y 2016 | M = M / D = D | 0.00 % (apr) Yes X No | | |
| List All Endorsers or Guarantors (if any) to | 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. Sci | | 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

| | | Polariou Garrinary 1 ago 1 Off Elive 15 Of 1 Offivi 5X | | |
|---|---------------------|---|--|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV | ES PAC | Transaction ID: SC/10.4510 | | |
| LOAN SOURCE Full Name (Last, First, I 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 | | |
| 17000.00 | | 0.00 17000.00 | | |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: | | |
| M ₀₂ M / D ₂₂ D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y 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) | | | | |
| TOTALS This Period (last page in this line only) | | | | |
| 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 Sulfillary Page FOR LINE 13 OF FORM 3X | | |
|--|----------------|---|--|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE | S PAC | Transaction ID: SC/10.4555 | | |
| LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , , | iddle Initial) | N ☐ Memo Item | | |
| Mailing Address 25 Highland Park Village | | | | |
| Suite 100 | | | | |
| City | State | ZIP Code | | |
| Dallas | TX | 75205 | | |
| Original Amount of Loan Cumulative Payment 7 | | ment To Date Balance Outstanding at Close of This Period | | |
| 10000.00 | - | 0.00 10000.00 | | |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: | | |
| M 03 M / D 18 D / Y 2016 | M = M / D = D | % (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) | | | | |
| | | line. If no Schedule D, carry forward to appropriate line of Summary. | | |

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FOR LINE 13 OF FORM 3X

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|---|----------------------|---|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV | /ES 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 Payment | | 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 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 halance only to LINE 3 | Schedule D. for this | s line If no Schedule D. carry forward to appropriate line of Summary | |

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| | | Detailed Summary Page FOR LINE 13 OF FORM 3X | | |
|--|----------------------|---|--|--|
| AME OF COMMITTEE (In Full) Transaction ID : SC/10.4891 | | | | |
| COURAGEOUS CONSERVATIVES PAC | | | | |
| LOAN SOURCE Full Name (Last, First Ekstrom, Christopher, , , | Middle Initial) | N ☐ Memo Item Election: | | |
| Ekstrom, Christophier, , , | | Primary General | | |
| Mailing Address 25 Highland Park Village | | Other (specify) ▼ | | |
| Suite 100 | | | | |
| City | ZIP Code | | | |
| | | 75205 | | |
| Original Amount of Loan Cumulative Payment T | | ment To Date Balance Outstanding at Close of This Period | | |
| 6000.00 | | 0.00 | | |
| TERMS | | | | |
| Date Incurred | | ate Due Interest Rate Secured: | | |
| 07 ^M / 11 ^D / 2016 Yes x No | | | | |
| List All Endorsers or Guarantors (if an | y) to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| 3 | | | | |
| 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. | | |
| - · | • | | | |

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| | | Detailed Summary Page FOR LINE 13 OF FORM 3X | |
|--|-----------------------------|---|--|
| IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV | Transaction ID : SC/10.4918 | | |
| LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , , | N | | |
| Mailing Address 25 Highland Park Village ☐ Other (specify) ▼ | | | |
| Suite 100 | | | |
| City | State | ZIP Code | |
| Dallas | TX | 75205 | |
| Original Amount of Loan Cumulative Payment | | 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) | | | |
| | | 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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| Transaction ID : SC/10.4934 N ☐ Memo Item Election: | | | |
|---|--|--|--|
| - Weine tein | | | |
| Primary General | | | |
| Other (specify) ▼ | | | |
| | | | |
| P Code | | | |
| 75205 | | | |
| nt To Date Balance Outstanding at Close of This Period | | | |
| 0.00 9500.00 | | | |
| Due Interest Rate Secured: | | | |
| 12/31/2020 O.00 % (apr) Yes X No | | | |
| | | | |
| Name of Employer | | | |
| Occupation | | | |
| Amount Guaranteed Outstanding: | | | |
| Name of Employer | | | |
| Occupation | | | |
| Amount Guaranteed Outstanding: | | | |
| Name of Employer | | | |
| Occupation | | | |
| Amount Guaranteed Outstanding: | | | |
| Name of Employer | | | |
| Occupation | | | |
| Amount Guaranteed Outstanding: | | | |
| SUBTOTALS This Period This Page (optional) | | | |
| ne. If no Schedule D, carry forward to appropriate line of Summary. | | | |
| | | | |

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FOR LINE 13 OF FORM 3X

| AME OF COMMITTEE (In Full) COURAGEOUS CONSER | VATIVE | S PAC | Transaction ID : SC/10.4948 |
|---|-------------|--------------------|---|
| 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 Payment | | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period 0.00 15420.00 |
| TERMS | | | |
| Date Incurred Date Du | | | ate Due Interest Rate Secured: 1 |
| List All Endorsers or Guarantor | s (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 t | his line on | ly) | 202501.35 |
| Carry outstanding balance only to | LINE 3, Sc | hedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |