

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR CONSTITUTIONAL LIBERTY DBA THE CONSERVATIVE CAUCUS		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 332 W. LEE HIGHWAY SUITE 221		3. FEC Identification Number C C90018904
(c) City, State and ZIP Code WARRENTON VA 20186		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y
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5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y
	02		02		2023
THROUGH	M M	/	D D	/	Y Y Y Y
	02		02		2023

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

88233.11

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Harman, Art, , ,

Harman, Art, , ,

02/04/2024

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR CONSTITUTIONAL LIBERTY DBA THE CONSERVATIVE CAUCUS

Full Name (Last, First, Middle Initial) of Payee MVP Press		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2023	
Mailing Address 43720 Trade Center Place, Suite 13		Amount 62791.80	
City Dulles	State VA	Zip Code 20166	
Purpose of Expenditure Print and Mailshop		Category/ Type	Transaction ID : F57.000001
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J, ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2024	
Mailing Address 44715 Prentice Dr		Amount 19701.53	
City Dulles	State VA	Zip Code 20101	
Purpose of Expenditure Postage		Category/ Type	Transaction ID : F57.000002
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J, ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee American Target Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2024	
Mailing Address 9625 Surveyor Court, Suite 400		Amount 5386.24	
City Manassas	State VA	Zip Code 20110	
Purpose of Expenditure Copy and production services; interest cost		Category/ Type	Transaction ID : F57.000003
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J, ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87879.57
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR CONSTITUTIONAL LIBERTY DBA THE CONSERVATIVE CAUCUS

Full Name (Last, First, Middle Initial) of Payee Data Management Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2024	
Mailing Address PO Box 846		Amount 353.54	
City Stoneville	State NC	Zip Code 27048	
Transaction ID : F57.000004			
Purpose of Expenditure Data Processing	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88233.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	353.54
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	88233.11