PAGE 1 / 51

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	er Than An Aut	horized Com	mittee		Office Use Only
NAME OF COMMITTEE (in full)		PRINT ▼	Example: I over the lire	f typing, type nes.	12FE4M	5
COURAGEOUS	CONSERVA	TIVES PAC				
<u> </u>						
ADDDECO (212 Ye	ardley Ave				
ADDRESS (number and s ▼						
Check if differe than previously reported. (ACC)	ı Lvnchl	ourg			VA	24501
2. FEC IDENTIFICAT	ION NUMBER	CI1	ГУ 🛦		STATE ▲	ZIP CODE ▲
C C00587022			S THIS REPORT	NEW (N) OR	x AM (A)	ENDED
4. TYPE OF REPO (Choose One) (a) Quarterly Report	Re Di	eport Line On:	20 (M2) 20 (M3)	May 20 (M5)		20 (M8) Nov 20 (M1 (Non-Election Year Only) 20 (M9) Dec 20 (M1 (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE
Quarterly R July 15	eport (Q1) (c)	12-Day PRE-Election	Primar	/ (12P)	General ((12G) Runoff (12R
Quarterly R October 15	eport (Q2)	Report for the:	Conver	ntion (12C)	Special (128)
Quarterly R January 31 Year-End R		Election		M / D D /	YIYIY	in the State of
July 31 Mic Report (No Year Only)	n-election (MY)	30-Day POST-Election Report for the:	X Genera	ıl (30G)	Runoff (3	0R) Special (30S
Termination (TER)	нероп	Electio	on on 11	06	2018	in the State of
5. Covering Period		18 2018	thro	ugh 11	26	2018
I certify that I have exan	Fahy, <i>i</i>	and to the best of Amanda, , ,	my knowledge	and belief it is to	rue, correct and	complete.
Type or Print Name of T	reasurer					
Signature of Treasurer	Fahy, Amanda, ,	,	[Electro	nically Filed]	Date 03	18 2019
NOTE: Submission of fals	e, erroneous, or ir	ncomplete informatio	n may subject th	e person signing	this Report to th	ne penalties of 52 U.S.C. § 30
Office Use						FEC FORM 3X Rev. 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	_	COURAGEOUS CONSERVATIVES	SPAC	
This Period Calendar Year-to-Date 6. (a) Cash on Hand January 1, 2018 (b) Cash on Hand at Beginning of Reporting Period	F	Report Covering the Period: From:		
January 1, 2018 (b) Cash on Hand at Beginning of Reporting Period				
Beginning of Reporting Period	6.	(.,,		2510.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		` '	121589.57	
6(c) for Column A and Lines 6(a) and 6(c) for Column B)		(c) Total Receipts (from Line 19)	106180.00	410952.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		6(c) for Column A and Lines	227769.57	413462.43
Reporting Period (subtract Line 7 from Line 6(d))	7.	Total Disbursements (from Line 31)	178890.38	364583.24
the Committee (Itemize all on Schedule C and/or Schedule D)	8.	Reporting Period	48879.19	48879.19
the Committee (Itemize all on	9.	the Committee (Itemize all on	0.00	
	10	the Committee (Itemize all on	294251.32	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	Calendar Year-to-Date
Individuals/Persons Other Than Political Committees	105700.00	070700.00
Than Political Committees	105700.00	077770 00
	105700.00	070700.00
(i) Itemized (use Schedule A)	105/00.00	
		378700.00
(ii) Unitemized	480.00	3752.00
	- Apr Apr	4 4
Lines 11(a)(i) and (ii)	106180.00	382452.00
_		0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	106180 00	382452.00
	100100.00	332 102.00
-	0.00	0.00
Committees	0.00	
oans Received	0.00	28500.00
Panaymenta Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	4	45 45 45
	0.00	0.00
	4 4	4 4
	0.00	0.00
sfers from Non-Federal and Levin Funds	4 4	4 4
Ion-Federal Account		
(from Schedule H3)	0.00	0.00
_	7 7 7	
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Other Political Committees (such as PACs)	Lines 11(a)(i) and (ii)

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	- Iour IIIIo I Gilou	Calcilual Teal-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) I sacrai share	4 4	1 1 1 1 1 1 1
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	8016.04	23852.61
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	8016.04	23852.61
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4 4	4 4 4
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	170874.34	340730.63
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Louis riopaymonio maao	4 4	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than Folitical 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	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Dishursements /Including	4 4	4 4
Other Disbursements (Including Non-Federal Donations)	. 0.00	0.00
,	4 4	4 4
Federal Election Activity (52 U.S.C. § 301 (a) Allocated Federal Election Activity	[01(20)]	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III ovinii Chara		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	7 7 7 7	
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))		364583.24
Total Federal Disbursements	4 4	4 4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	178890.38	364583.24
	4 4	55.1500.24

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 106180.00 382452.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 382452.00 106180.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 8016.04 23852.61 (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 8016.04 23852.61 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 (check only one)							6	OF	51		
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16	;	17	

·	
A. Gelman, Lawrence, , , Mailing Address 3900 Sundown Dr City Mcallen TX Date of Receipt Tansaction ID : SA11AI.569 Amount of Each Receipt this	2018 91
City State Zip Code Transaction ID : SA11AI.569 Mcallen TX 78503 Amount of Each Receipt this	2018 91
Mcallen TX 78503 Amount of Each Receipt this FEC ID number of contributing	
FEC ID number of contributing	Period
ů (:	
	1000.00
Name of Employer (for Individual) Occupation (for Individual) Memo Item	
McAllen Anes Consultants Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Aggregate Teal-10-Date V	
Other (specify) ▼ 1000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hayden, Rufus, , , Date of Receipt	
1 11 11 11 11 11 11 11 11 11 11 11 11 1	2018
City State Zip Code Transaction ID : SA11AL566	
Alhambra CA 91801 Amount of Each Receipt this	
FEC ID number of contributing federal political committee.	2000.00
Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt	
Mailing Address 504 W Bleeker St	y y y y 2018
City State Zip Code Transaction ID : SA11AI.56	
Aspen CO 81611 Amount of Each Receipt this	
FEC ID number of contributing	50000.00
Name of Employer (for Individual) Retired Occupation (for Individual) Retired	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Aggregate Teal-10-Date V	
Other (specify) 275000.00	
SUBTOTAL of Receipts This Page (optional)	53000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FC	DR	LINE	NU	MBER	:	PAGE	7	OF	51
(cl	he	ck only	or	ne)					
	×	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or	for commercial purposes, other than using the n							
\rangle	NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC						
Α.	Full Name of Individual (Last, First, Middle Initial Hillman, Tatnall, , , Mailing Address 504 W Bleeker St	l) or Full Organization Name	Date of Receipt 11 05 2018 Transaction ID : SA11AI.5671					
	City	State Zip Code						
	Aspen FEC ID number of contributing	CO 81611	Amount of Each Receipt this Period 50000.00					
	federal political committee.		Memo Item					
	Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	INIGHIO ILEHI					
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325000.00						
В.	Full Name of Individual (Last, First, Middle Initial Pope, Bill, , , Mailing Address 307 E Whaley) or Full Organization Name	Date of Receipt					
	City	State Zip Code TX 75601	11 01 2018 Transaction ID : SA11Al.5693 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	2700.00					
	Name of Employer (for Individual) NCIC Inmate Communications	Occupation (for Individual) Law Enforcement	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial	l) or Full Organization Name	Date of Receipt					
	Mailing Address		M = M / D = D / Y = Y = Y					
	City	State Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C						
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
S	SUBTOTAL of Receipts This Page (optional)		52700.00					
Т	OTAL This Period (last page this line number on	ly)	105700.00					

S 17

SCHE	EDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF					AGE 8 OF 5	51	
ITEM	IZED DISBURSEMENTS		arate schedule(s) category of the	_ I `	k only	′					
			Summary Page	×		22	23	26	27		
		1			28a	28b	28c	29	30b		
	ormation copied from such Reports and State commercial purposes, other than using the na										
NAN	ME OF COMMITTEE (In Full)										
co	DURAGEOUS CONSERVATIVE	ES PAC									
_	Name (Last, First, Middle Initial)										
	H Financial Services				Date of Disbursement						
	ing Address 1 Westbrook Corporate Center Ste 300					11		02	2018		
City	stchester	State IL	Zip Code 60154			FEC Id	entification	on Numbe	r		
	pose of Disbursement	L	60154				C005870	222			
	nk Fee			Г.		C			1D 5050		
Can	didate Name			Catego	rv/			n ID : SB2 n Disburse	21B.5652 ement this Period	i	
	DURAGEOUS CONSERVATIVE			Type		-				7	
Offic		ment For: 2							50.85		
	Senate	Primary	General			_					
Stat	e: Presidente	Other (spec	uiy) ▼			Me	mo Item				
Full	Name (Last, First, Middle Initial)										
_	RH Financial Services						Date of Disbursement				
Mail	ing Address 1 Westbrook Corporate Center Ste 300					11 06 2018					
•	City Westchester		State Zip Code IL 60154				entification	on Numbe	r		
	pose of Disbursement		12 00104				C C00587022				
Ва	nk Card Fees					Transaction ID : SB21B.5654					
	didate Name		Category/			Amount of Each Disbursement this Period				i	
	OURAGEOUS CONSERVATIVE	**				20.00				1	
Offic	e Sought: House Disburse Senate	ment For: 2	2018 🗶 General			20.00					
	President	Other (spec	••			I					
Stat	e: District:	, ,	•			Me	mo Item				
Full	Name (Last, First, Middle Initial)										
C. Ek	strom, Christopher, , ,						f Disburs				
Mail	ing Address 25 Highland Park Village Suite 100					11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City		State	Zip Code			FEC. Id	entification	on Numbe	r		
Dall		TX	75205			T E O TO	Citimoati	on Numbe			
Re	pose of Disbursement imbursement: Travel for Conference					C	C005870	022 n ID : SB2	21B.5649		
	didate Name OURAGEOUS CONSERVATIVE	EC DAC		Catego		Amoun	t of Each	Disburse	ement this Period	I	
		ement For: 2	0019	Туре					2092.54	1	
Onic	Senate	Primary	General				7			4	
	President	Other (spec	•			Ma	ma Itam				
State: District:						IVIE	mo Item				
SUBT	OTAL of Disbursements This Page (optional).				•				2163.39]	
						_	7			ī	
I TOTA	L This Period (last page this line number only	·)									

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s		-					
II LIVIIZED DISDUNSEIVIEN IS	for each category of the Detailed Summary Page	21h	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE								
Full Name (Last, First, Middle Initial) A. Facebook	,							
Mailing Address 1 Hacker Way			11 06 2018					
City Menlo Park Purpose of Dishursement		FEC Identification Number						
Purpose of Disbursement Social Media Candidate Name			C C00587022 Transaction ID : SB21B.5660 Amount of Each Disbursement this Period					
COURAGEOUS CONSERVATIVE	COURAGEOUS CONSERVATIVES PAC Office Sought: House Disbursement For: 2018							
Senate President	Primary X General Other (specify) ▼		2700.00 Memo Item					
State: District:			<u> </u>					
Full Name (Last, First, Middle Initial) B. Fahy, Amanda, , ,			Date of Disbursement					
Mailing Address 212 Yeardley Ave								
Lynchbug	State Zip Code VA 24501		FEC Identification Number					
Purpose of Disbursement Treasury Fees			C C00587022 Transaction ID: SB21B.5643					
Candidate Name COURAGEOUS CONSERVATIVE	''		Amount of Each Disbursement this Period					
Senate	ment For: 2018 Primary		862.55					
President State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial) C. Rose, Norvell, , ,			Date of Disbursement					
Mailing Address 3288 Doncaster Rd			11 19 2018					
City Virginia Beach Purpose of Disbursement TV Buy	State Zip Code VA 23452		FEC Identification Number C C00587022					
Candidate Name COURAGEOUS CONSERVATIVE	ES PAC	Category/ Type	Transaction ID: SB21B.5665 Amount of Each Disbursement this Period					
Office Sought: House Senate President State: Disburse	ment For: 2018 Primary General Other (specify)	,	1250.00 Memo Item					
SUBTOTAL of Disbursements This Page (optional)		·····	4812.55					
TOTAL This Period (last page this line number only	·)							

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SCHEDULE B (FEC Form 3X)	11		FOR I	FOR LINE NUMBER: PAGE 10 OF						
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	ı `	k only	′					
		Summary Page	 	21b 28a	22 28b	23 28c	26	27 30b		
Any information conied from such Deposits and Chatem		at ha aald aua	<u> </u>							
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
COURAGEOUS CONSERVATIVES	S PAC									
Full Name (Last, First, Middle Initial)					Date of Disbursement					
A. Stripe										
Mailing Address 185 Berry St #550				11	2	6	2018			
City	State	Zip Code			FEC Ide	entificatio	n Number			
San Francisco	CA	94107								
Purpose of Disbursement CC Fees						C005870	22 ID : SB21I	3.5695		
Candidate Name	2.04.0		Categor	y/			_	ent this Period		
COURAGEOUS CONSERVATIVES Office Sought: House Disbursen	S PAC Type							315.10		
	Primary	∪18 x General				7	7	010.10		
	Other (speci	_ · ·			Ma	ma Itam				
State: District:					L ivie	mo Item				
Full Name (Last, First, Middle Initial)										
B. Wells Fargo					Date of	Disburse	ement			
Mailing Address Rt. 70					10 19 2018					
					10	-	9	2010		
•	State Zip Code NJ 08055 Category/				FEC Ide	entificatio	n Number			
Purpose of Disbursement					C C00587022 Transaction ID : SB21B.5642 Amount of Each Disbursement this Period					
Wire Fee										
Candidate Name										
COURAGEOUS CONSERVATIVES					30.00					
	nent For: 20 Primary	018 ∡ General				-	7	30.00		
	Other (speci	**								
State: District:		,			Me	mo Item				
Full Name (Last, First, Middle Initial)										
C. Wells Fargo					Date of	Disburse	ement			
Mailing Address Rt. 70					10	2	D / Y 2	2018		
		I=: 0 :								
City S Medford	State NJ	Zip Code 08055			FEC Ide	entificatio	n Number			
Purpose of Disbursement	- -	13330			С	C005870	22			
Wire Fee						nsaction	ID : SB21	B.5644		
Candidate Name	0.040		Categor	y/				ent this Period		
COURAGEOUS CONSERVATIVE Office Sought: House Disbursen	S PAC nent For: 20		Туре					30.00		
	Primary	∪18 x General				-	7	30.00		
	Other (speci	•			П.,					
State: District:					Me	mo Item				
SUBTOTAL of Disbursements This Page (optional)				•				375.10		
TOTAL This Period (last page this line number only).				_						

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SCHEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 11 OF							
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I `	only one	´ _						
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b			
	<u> </u>										
Any information copied from such Reports and States or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
COURAGEOUS CONSERVATIVE	SPAC										
Full Name (Last, First, Middle Initial)											
A. Wells Fargo			D	Date of Disbursement							
Mailing Address Rt. 70						23		2018			
,	State	Zip Code		FI	FC Ide	ntification	Number				
Medford	NJ	08055			-						
Purpose of Disbursement Wire Fee						0058702					
Candidate Name			Category	,, A			ID : SB21I Disbursem	B.5645 ent this Period			
COURAGEOUS CONSERVATIVE	S PAC		Type				2.000.00				
	ment For: 2				7		15.00				
Senate President	Primary Other (spec	General									
State: District:	Ctrior (opoc	<i></i> , ∀			Mem	no Item					
Full Name (Last, First, Middle Initial)											
B. Wells Fargo				D	ate of	Disburse	ment				
Mailing Address Dr. 70				— Г	10 26 2018						
Mailing Address Rt. 70					ĪŪ	- 21	0	2016			
City Medford	State Zip Code NJ 08055		FI	EC Ide	ntification	Number					
Purpose of Disbursement	110	00000				C C00587022 Transaction ID : SB21B.5647					
Wire fee											
Candidate Name	7.			// A	Amount of Each Disbursement this Period						
COURAGEOUS CONSERVATIVE											
Office Sought: House Disburser Senate	ment For: 2 Primary					7		30.00			
President	Other (spec	••									
State: District:				L	Mem	no Item					
Full Name (Last, First, Middle Initial)											
C. Wells Fargo						Disburse					
Mailing Address Rt. 70				_ L	10	30		2018			
City	State	Zip Code			FO 1-1	_A!£! A! .	NIm-!				
Medford	NJ	08055			EC Idei	illication	Number				
Purpose of Disbursement Wire Fee					_	0058702					
Candidate Name			Catanan	.,			ID : SB21	B.5648 ent this Period			
COURAGEOUS CONSERVATIVE	S PAC		Category Type	" A	moufit (∪ı ⊑aC∏	opuu Sell	ient tins Fellod			
Office Sought: House Disburse	ment For: 2	2018				75	-	30.00			
Senate	Primary	★ General									
State: District:	President Other (specify) ▼				Memo Item						
State. District.											
SUBTOTAL of Disbursements This Page (optional)						40.		75.00			
				·	_	,	,				
TOTAL This Period (last page this line number only))										

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SCHEDULE B (FEC Form 3X)	Llas congreto cohodulo		FOR LINE NUMBER: PAGE 12 OF 5 (check only one)		
ITEMIZED DISBURSEMENTS	category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC				
Full Name (Last, First, Middle Initial) A. Wells Fargo				Date of Disbursement	
Mailing Address Rt. 70				11 02 2018	
Medford	State NJ	Zip Code 08055		FEC Identification Number	
Purpose of Disbursement Wire Fee		[C C00587022 Transaction ID : SB21B.5650	
Candidate Name COURAGEOUS CONSERVATIVES			Category/ Type	Amount of Each Disbursement this Period	
	nent For: 2 Primary Other (spec	✗ General		Memo Item	
State: District:				Wolle Roll	
Full Name (Last, First, Middle Initial) B. Wells Fargo				Date of Disbursement	
Mailing Address Rt. 70				11 02 2018	
Medford	State NJ	Zip Code 08055		FEC Identification Number	
Purpose of Disbursement Wire Fee Candidate Name				C C00587022 Transaction ID : SB21B.5651	
COURAGEOUS CONSERVATIVE			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Senate Primary President Other (specify) State: Disbursement For: 2018 Other (specify)				30.00 Memo Item	
Full Name (Last, First, Middle Initial) C. Wells Fargo				Date of Disbursement	
Mailing Address Rt. 70				11 05 2018	
Medford	State NJ	Zip Code 08055		FEC Identification Number	
Purpose of Disbursement Wire Fee Candidate Name COURAGEOUS CONSERVATIVES PAC Category/ Type			Category/ Type	C C00587022 Transaction ID : SB21B.5655 Amount of Each Disbursement this Period	
Office Sought: House Disbursen Senate President	nent For: 2 Primary Other (spec	✗ General		30.00	
State: District:	Cirici (apec	'' y / ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				90.00	

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	HEDULE B (FEC Form 3X)			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 28a	22 23 26 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE				
Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement	
Mailing Address Rt. 70			11 05 2018	
City Medford Purpose of Disbursement Wire Fee	State Zip Code NJ 08055		FEC Identification Number C C00587022	
Candidate Name COURAGEOUS CONSERVATIVE	S PAC	Category/ Type	Transaction ID : SB21B.5656 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President State: District:	ment For: 2018 Primary ✓ General Other (specify) ✓		30.00 Memo Item	
Full Name (Last, First, Middle Initial) 3. Wells Fargo Mailing Address Rt. 70			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Medford Purpose of Disbursement	State Zip Code NJ 08055		FEC Identification Number	
Wire Fee Candidate Name COURAGEOUS CONSERVATIVE	Category/ Type	Transaction ID : SB21B.5657 Amount of Each Disbursement this Period		
Office Sought: House Disbursel Senate President State: District:	ment For: 2018 Primary		30.00 Memo Item	
Full Name (Last, First, Middle Initial) Wells Fargo			Date of Disbursement	
Mailing Address Rt. 70			11 05 2018	
City Medford Purpose of Disbursement Wire Fee	State Zip Code NJ 08055	· · · ·	FEC Identification Number C C00587022 Transaction ID : SB21B.5659	
Candidate Name COURAGEOUS CONSERVATIVES PAC Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Senate President State: Disburse	ment For: 2018 Primary General Other (specify)		Memo Item	
		>	75.00	

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SCHEDULE B (FEC Form 3X)				E NUMBER: PAGE 14 OF 51		
ITEMIZED DISBURSEMENTS	URSEMENTS Use separate schedule(s) (che		(check only one)			
			X 21b	22 29h	23	26 27 29 30b
			28a	28b	28c	
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
COURAGEOUS CONSERVAT	IVES PAC					
Full Name (Last, First, Middle Initial)						
A. Wiley, Kyle, , ,				Date of D	isbursem	ent
Mailing Address 1420 N St NW #605				11	20	2018
City	State DC	Zip Code		FEC Ident	ification I	Number
Washington Purpose of Disbursement	DC	20005			0507000	
r dipose of Disbursement					0587022	
Candidate Name			Category/			SB21B.5663 isbursement this Period
COURAGEOUS CONSERVATI	VES PAC		Type	Amount	Lacii Di	spursement this renou
Office Sought: House Disb	ursement For:	2018 General		L	7	245.00
President State: District:	Other (spe	ecify) 🔻		Memo	Item	
Full Name (Last, First, Middle Initial)						
В.				Date of D	isbursem	ent
					/ D D	/ Y = Y = Y = Y
Mailing Address					-	
City	State	Zip Code		FEC Ident	ification I	Number
Purpose of Disbursement						
Candidate Name				A	(ialaamanant thia Daviad
Category/ Type				Amount o	Each Di	sbursement this Period
Office Sought: House Disb	ursement For:				_	
Senate	Primary	General			7	
President Other (specify) State: District:			Memo	Item		
Full Name (Last, First, Middle Initial)						
C.				Date of D		
Mailing Address				M M	/ D D	/
City	State	Zip Code		FEC Ident	tification I	Number
Purpose of Disbursement				С		
Candidate Name Category/				Amount o	f Each Di	sbursement this Period
Office Sought: House Disbursement For:					45	
Senate Primary General				,		
President Other (specify) ▼				Memo	Item	
State: District:						
SUBTOTAL of Disbursements This Page (option	nal)		·····		7	245.00
TOTAL This Dovied (feet many this line my	only)					7836.04
TOTAL This Period (last page this line number	only)					. 300.0 1

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/10.4280	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N ☐ Memo Item		
Mailing Address 25 Highland Park Village		U Other (specify) ▼	
Suite 100 City	State	ZIP Code	
Dallas	TX	75205	
Original Amount of Loan	Cumulative Pay		
12000.00	7	0.00 12000.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 10 M / D 21 D / Y 2015	M = M / D = D	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)	<u>'</u>	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	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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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	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 (optional)				
TOTALS This Period (last page in this line	OTALS 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

		TOTALINE TO OT TOTALINE	
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATI	VES PAC	Transaction ID : SC/10.4283	
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	
30000.00		0.00 30000.00	
Date Incurred Date Due 11 17 2015			
List All Endorsers or Guarantors (if an	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	,	Name of Employer	
Mailing Address		Occupation	
City Stat	e 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	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/10.4404	
LOAN SOURCE Full Name (Last, First, Mir Ekstrom, Christopher, , ,	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	
6500.00	-	0.00 6500.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 01 M / D 05 D / Y 2016	M M / D D	/ 11/8/16 0.00 % (apr) Yes ✗ 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) 6500.00 TOTALS This Period (last page in this line only)			
		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 TOTAL TO OF TOTAL ON	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4405	
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	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	
20000.00		0.00 20000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 01 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	/ 11/8/16 0.00 % (apr) Yes ✗ 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)			
**OTALS 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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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4406	
LOAN SOURCE Full Name (Last, First, I 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	ment To Date Balance Outstanding at Close of This Period	
8000.00		0.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M01	M = M / D = D	/ 11/8/16 0.00 % (apr) Yes ✗ 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 3.9	chedule 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/10.4500	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	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	
8500.00	7	0.00 8500.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 02	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

		Potanou duminary rago Port Elive 15 of Portivi 5X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID: SC/10.4505		
LOAN SOURCE Full Name (Last, First, MEkstrom, 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		
30000.00	1 1 4	0.00 30000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 02 M / D 12 D / Y Y Y 16 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)	<u>'</u>	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	**OTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3 S	chedule 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

		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)			
**OTALS 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 FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4555
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	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
10000.00	7	0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 03 M / D 18 D / Y 2016 Y	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) TOTALS This Period (last page in this line on		, 1000.00
		line. 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 CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4892
LOAN SOURCE Full Name (L Ekstrom, Christopher, , ,	ast, First, M	iddle Initial)	Memo Item Election: Primary General
Mailing Address 25 Highland Pa Suite 100	Other (specify) ▼		
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	1567.89	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 4567.89
	016 Y	M = M / D = D	ate Due Interest Rate Secured: 0.00 % (apr) Yes X No
List All Endorsers or Guaranto 1. Full Name (Last, First, Middl		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page in			, 4307.03
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

			Potanou cummary rago Torr Elive 15 or Fortivi 5X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	ERVATIVE	S PAC	Transaction ID: SC/10.4891
LOAN SOURCE Full Name (Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland Park Village Suite 100			General 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
7 7	6000.00		0.00 6000.00
	2016 Y	M M / D D	ate Due Interest Rate Secured: 0.00 % (apr) Yes X No
List All Endorsers or Guaran 1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
T. Tuli Name (Last, Flist, Wilde	aic iiitiai)		Tame of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	dle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	dle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	dle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This P	age (optional)		6000.00
TOTALS This Period (last page i	n this line on	ly)	······································
Carry outstanding halance only	to LINE 3 Sc	hedule D for this	s 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 CONSERVATIV	ES PAC	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 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 (optiona		10013-40
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 abbrobriate iine of oummary.

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AME OF COMMITTEE (In Full)	_	Transaction ID : SC/10.4934
COURAGEOUS CONSERVATIVE	ES PAC	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N Memo Item Election:
Ekstrom, Christopher, , ,		Primary General
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	IP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
9500.00		0.00 9500.00
TERMS Date Incurred	Dot	Due Interest Rate Secured:
09 / 19 / 2016	M M / D D	12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)	to Louir Gource	Name of Employer
(2001, 1100, 1100, 11100)		
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)		9500.00
TOTALS This Period (last page in this line on	ly)	
Carry outstanding balance only to LINE 3, So	hedule D, for this	ne. 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)			•		Transa	action ID : SC/10.4948
COURAGEOUS CONSER	VATIVE 	ES PAC				
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	t, First, M	iddle Initial)		N Memo	Item	Election:
Ekstrom, Christopher, , ,	Ekstrolli, Christopher, , ,					Primary General
Mailing Address 25 Highland Park	Village					Other (specify) ▼
Suite 100	95					
City		State	ZIP Code	<u> </u>		
Dallas		TX	75205			
Original Amount of Loan		Cumulative Pay	ment To Da	ate	Balan	ce Outstanding at Close of This Period
154	20.00		· · · · ·	0.00		15420.00
TERMS						
Date Incurred	Y	Da	ate Due	Interest	-	Secured:
M 11 M / 16 / Y 2016	5		12/3	1/2020	0.00	% (apr) Yes X No
List All Endorsers or Guarantors	s (if any)	to Loan Source				
1. Full Name (Last, First, Middle	Initial)		N	lame of Employer		
Mailing Address				Occupation		
Walling Address						
City	State	ZIP Code	G	Amount Guaranteed Dutstanding:		71171171
2. Full Name (Last, First, Middle	Initial)		٨	lame of Employer		
Mailing Address			С	Occupation		
City	State	ZIP Code	G	Amount Guaranteed Dutstanding:		71171171
3. Full Name (Last, First, Middle	Initial)		٨	lame of Employer		
Mailing Address			C	Occupation		
City	State	ZIP Code	G	Amount Guaranteed Outstanding:		7 1 7 1 7 1
4. Full Name (Last, First, Middle	Initial)		N	lame of Employer		
Mailing Address			C	Occupation		
City	State	ZIP Code	G	Amount Guaranteed Outstanding:		7
SUBTOTALS This Period This Page	(optional)				Γ.	15420.00
TOTALS This Period (last page in the	nis line on	ly)		·····	Ē	, , , , , , , ,
Carry outstanding balance only to I	_INE 3, Sc	hedule D, for this	line. If no	Schedule D, carry	y forwa	ard 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 TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.4995
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	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
12500.00		0.00 12500.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08	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	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	12500.00
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

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/10.4996
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	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
300.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 08 / 31 D / 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	
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)		300.00
Carry outstanding balance only to LINE 3. Sc		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 TOTAL TO OF TOTAL ON
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	/ES PAC	Transaction ID : SC/10.5028
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	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
5014.97		0.00 5014.97
TERMS Date Incurred	C	ate Due Interest Rate Secured:
M ₀₉ / O ₁ / Y ₂₀₁₇ Y	M = M / D = D	/ 12/31/2017
List All Endorsers or Guarantors (if any	v) 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 (option	al)	5014.97
TOTALS This Period (last page in this line of	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/10.5068
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	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
11000.00	-	0.00 11000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 16 D / Y 2017 Y	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) TOTALS This Period (last page in this line only		, 1100.00
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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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.5091
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N ☐ Memo Item	
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100	Ι -	
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
750.00	-	0.00 750.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
11 10 / Y 2017 Y	M M / D D	12/31/2022 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. 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

				Detailed Sum	mary rage	FOR LINE	13 OF FURIN 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSER	?\/ATI\/F	S PAC			Trans	saction ID : SC/10.5	5104
JOURNAULOUG GONGER	. v /\ i i v E	.0170					
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,					lemo Item	Election: Primary General	
Mailing Address 25 Highland Par	k Village					Other (specify	y) ▼
Suite 100	· · ···						
City		State	ZIP Code				
Dallas		TX	75205				
Original Amount of Loan		Cumulative Pay	yment To Da	ite	Balan	nce Outstanding at	Close of This Period
22	185.00		-	0.00			22185.00
TERMS Date Incurred			Date Due	In	terest Rate		Secured:
	17 Y	M = M / D = D	/ Y Y	1/2021 Y	0.00	% (apr)	Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)		N	ame of Emplo	yer		
Mailing Address			0	occupation			
City	State	ZIP Code	G	mount juaranteed jutstanding:		7 1 1 7	
2. Full Name (Last, First, Middle	Initial)		N	ame of Emplo	yer		
Mailing Address			0	occupation			
City	State	ZIP Code	G	mount luaranteed outstanding:		7 1 7	7
3. Full Name (Last, First, Middle	Initial)		N	ame of Emplo	yer		
Mailing Address			0	occupation			
City	State	ZIP Code	G	mount juaranteed jutstanding:		7 1 1 7	
4. Full Name (Last, First, Middle	Initial)		N	ame of Emplo	yer		
Mailing Address			0	occupation			
City	State	ZIP Code	G	mount juaranteed outstanding:		7	
UBTOTALS This Period This Pag	e (optional)	1					22185.00
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 no	Schedule D.	carry forwa	ard to appropriate	line of Summarv.

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 CONSER	VATIVE	S PAC	Transaction ID : SC/10.5102
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland Park Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan 5000.00		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 5000.00
Date Incurred M 12		M = M / D = D	ate Due Interest Rate Secured: 12/31/2021 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 FOTALS This Period (last page in the			3000.00
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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6500.00 0.00 6500.00 TERMS Date Incurred Date Due Interest Rate Secured:			Detailed Sulfilliary Fag	FOR LINE 13 OF FORM 3X
Ekstrom, Christopher, I. Name (Last, First, Middle Initial) Mailing Address Date Incurred Date Due List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code TX 75205 Date Due Interest Rate Secured: 12/31/2021 0.00 % (apr) Yes List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:		S PAC	Tra	nsaction ID: SC/10.5103
Suite 100 City Dallas TX 75205 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This I 6500.00 TERMS Date Incurred Date Due Interest Rate Secured: 12	OAN SOURCE Full Name (Last, First, Mickstrom, Christopher, , ,	Primary		
City Dallas TX 75205 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This ERMS Date Incurred Date Due Interest Rate Secured: 12	ailing Address 25 Highland Park Village			Other (specify) ▼
Dallas TX 75205 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This I 6500.00 TERMS Date Incurred Date Due Interest Rate Secured: 12 1 12 1 18 2 2017 Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Name of Employer Mailing Address Occupation	Suite 100			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 6500.00 TERMS Date Incurred Date Due Interest Rate Secured: M12 M12 M18 M12 M18 M18 M19	ity	State ZIP Co	ode	
TERMS Date Incurred Date Due Interest Rate Secured: 12	Dallas	TX 7520	05	
TERMS Date Incurred Date Due Interest Rate Secured: 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Coccupation City State ZIP Code Amount Guaranteed Outstanding: Coccupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Coccupation	Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
Date Incurred Date Due Interest Rate Secured: 12	7 7 7	4	0.00	6500.00
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation		Date Due	Interest Ra	te Secured:
1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation	M 12 / 18 / Y 2017		2/31/2021 0.0	% (apr) Yes x No
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer 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: Occupation	st All Endorsers or Guarantors (if any) to	Loan Source	_	
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: Name of Employer	Full Name (Last, First, Middle Initial)		Name of Employer	
Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) 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 Amount Amount Cutstanding: Amount Cutstanding: Amount Amount Amount Amount Amount City State ZIP Code Amount	Mailing Address		Occupation	
Mailing Address 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	City State	ZIP Code	Guaranteed	7
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	Full Name (Last, First, Middle Initial)	-	Name of Employer	
Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount	Mailing Address		Occupation	
Mailing Address Occupation City State ZIP Code Amount	City State	ZIP Code	Guaranteed	71171171
City State ZIP Code Amount	Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
Outstanding:	City State	ZIP Code	Guaranteed	7 7 7
4. Full Name (Last, First, Middle Initial) Name of Employer	Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address Occupation	Mailing Address		Occupation	
City State ZIP Code Amount Guaranteed Outstanding:	City State	ZIP Code	Guaranteed	7 7 7
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 Sumn		-	, _	rward to appropriate line of Summers

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 CONSERVAT	IVES PAC	Transaction ID: SC/10.5146		
LOAN SOURCE Full Name (Last, Firs 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	ment To Date Balance Outstanding at Close of This Period		
500.00		0.00 500.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:		
M 04	M M / D D	/ 12/31/2025 0.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if a	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	te ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City	te ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	te ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	te 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		

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON		
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5187		
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	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		
22000.00		0.00 22000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 05 M / D11 / Y 2018 Y	M M / D D	/ 12/31/2022 0.00		
List All Endorsers or Guarantors (if any) to Loan Source	Name of Familian		
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 of	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 Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.5243		
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	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		
6000.00		0.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 06 / D 08 / Y 2018 Y	M M / D D	12/31/2020		
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	y)	294251.32		
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

TEMIZED INDEPENDENT EXPENDITORES				PAGE 41 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	Pate of Public Distribution/Dissemination
American Cámpaign Services, LLC				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 5830 E 2nd St			A	mount
Ste 8	Ctoto	Zin Codo		5000.00
City	State WY	Zip Code 82609		ransaction ID : SE.5850
Purpose of Expenditure RoboCalls		Category/ Type		pate of Disbursement or Obligation 11 01 2018
Name of Federal Candidate:		Common and	Office	Pought: VIII District: 01
ROGERS, WENDY, , ,		Support Oppose	Office S	resident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	121360.90	Disburse 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item D	Date of Public Distribution/Dissemination
American Campaign Services, LLC				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 5830 E 2nd St				
Ste 8			A	mount
City	State	Zip Code		20000.00
Casper	WY	82609		Fransaction ID : SE.5618 Pate of Disbursement or Obligation
Purpose of Expenditure Text Messages		Category/ Type		11 03 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 01
ROGERS, WENDY, , ,		Oppose	Pi	resident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		152610.90	Disburse	ement For: Primary 🗶 General
To Essential States Codgill	7		L	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. [25000.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	ed]	M = M	18 2019
Signature		Date	e 03	10 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Atlantic Media			NOIII	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box 297			,	Amount
City	State	Zip Code		10762.50
Rodanthe	NC	27968		Transaction ID : SE.5609 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: X House District: 01
FINKENAUER, ABBY, , ,		x Oppose	F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		10762.50	Disburs	sement For: Primary Seneral
	7			Other (specify) ▶
Full Name of Payee Atlantic Media		☐ Memo	Item I	Date of Public Distribution/Dissemination
Mailing Address				10 30 2018
Box 297			,	Amount
City	State	Zip Code		5558.00
Rodanthe	NC	27968		Transaction ID : SE.5611 Date of Disbursement or Obligation
Purpose of Expenditure Radio Buy		Category/ Type		10
Name of Federal Candidate:		Support	Office S	Sought: House District: 01
FINKENAUER, ABBY, , ,		x Oppose	F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	16320.50	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. 🕨	16320.50
			Г	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fil	edl -	M = N	
Signature	c.comouny 1 ti	Date	e 03	18 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F	PAC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	Pate of Public Distribution/Dissemination
Atlantic Media				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box 297			А	mount
City	State	Zip Code		3587.50
Rodanthe	NC	27968		ransaction ID : SE.5612 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	lought: House District: 01
BLUM, RODNEY, , ,		Oppose	Pr	resident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		19908.00	Disburse	ement For: Primary Seneral
	7			Other (specify) >
Full Name of Payee Atlantic Media		☐ Memo	Item D	Pate of Public Distribution/Dissemination
Moiling Address				11 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Box 297			А	mount
City	State	Zip Code		5000.00
Rodanthe	NC	27968		Transaction ID : SE.5637 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		11 06 / 2018
Name of Federal Candidate:		Support	Office S	ought: House District: 01
FINKENAUER, ABBY, , ,		x Oppose	Pr	resident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	24908.00	Disburse 2018	ement For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures				8587.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y
Signature		Date	9 03	18 2019

COURAGEOUS CONSERVATIVES PAC	TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 51
Check if	NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Check	, ,	PAC			
Check if 24-hour report					C C00587022
Cox Media Mailing Address 4600 E Washington Sie 200 City Phoenix AZ S5034 Purpose of Expenditure Media Buy Name of Federal Candidate: ROGERS, WENDY,,, Calendar Year-To-Date Per Election for Office Sought Mailing Address 4600 E Washington Sie 200 City Phoenix AZ S5034 Disbursement or Obligation Transaction ID: SE.5594 Date of Disbursement or Obligation Transaction ID: SE.5594 Date of Disbursement or Obligation Transaction ID: SE.5594 Date of Disbursement For: Primary	Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Mailing Address 4600 E Washington Ste 200 City State Zip Code Texpenditure Media Buy Category Type Disbursement or Obligation State: ROGERS, WENDY, Oppose President Senate State: Cox Media Buy Bate State St	Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Site 200 City					
City Phoenix AZ 85034 Purpose of Expenditure Media Buy Category/ Type Disbursement or Obligation District: ROGERS, WENDY, , Oppose Persident State: Calendar Year-To-Date Per Election for Office Sought Phoenix State Cox Media District: Collegatory Phoenix President Date of Public Distriction/Disseminat Cox Media Date of Disbursement or Obligation District: City Phoenix AZ 85034 Purpose of Expenditure Media Buy Date of Public Distribution/Disseminat Date of Public Distribution/Disseminator Date of Public Distribution/Disseminator Date of Public Distribution/Disseminator Date of Public Distribution/Disseminator Date of Public Date of Public Date of Public Date of Publ	Mailing Address 4600 E Washington			Amou	nt
Phoenix Purpose of Expenditure Media Buy Name of Federal Candidate: ROGERS, WENDY, Calendar Year-To-Date Per Election for Office Sought Phoenix Phoenix AZ S5034 Transaction ID : SE.5594 Date of Disbursement or Obligation Mailing Address 4600 E Washington Ste 200 City Phoenix Purpose of Expenditure Media Buy State Purpose of Expenditure Media Buy Category/ Type Date of Public Distribution/Disseminat Amount Amount Amount Transaction ID : SE.594 2018 Date of Disbursement or Obligation Senate State: Pisbursement For: Primary Ge 2018 Amount Amount Amount Category/ Type Name of Federal Candidate: O'HALLERAN, TOM, Calendar Year-To-Date Per Election for Office Sought Transaction ID : SE.596 Date of Disbursement or Obligation Amount Category/ Type Office Sought: Memo Item Category/ Type O'ffice Sought: Memo Item Category/ Type Name of Federal Candidate: O'HALLERAN, TOM, Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation or consultation or consultation, or consultation, or consultation, or consultation, or consultation, or consultation or consultation.					
Purpose of Expenditure Media Buy Name of Federal Candidate: ROGERS, WENDY Calendar Year-To-Date Per Election for Office Sought Mailing Address Act 85034 Purpose of Expenditure Mailing Address 4600 E Washington Ste 200 City Phoenix Az State Purpose of Expenditure Media Buy Name of Federal Candidate: Category/ Type Disbursement For: Primary Ge 2018 Date of Disbursement or Obligation Will be act of Public Distribution/Disseminat Mailing Address 4600 E Washington Ste 200 City Phoenix Az State Purpose of Expenditure Media Buy Name of Federal Candidate: O'HALLERAN, TOM Calendar Year-To-Date Per Election for Office Sought Transaction ID: SE.5596 Date of Public Distribution/Disseminat Transaction ID: SE.5596 Date of Public Distribution/Disseminat Transaction ID: SE.5596 Date of Public Distribution/Disseminat Mailing Address Amount Transaction ID: SE.5596 Date of Disbursement or Obligation Transaction ID: SE.5596 Date of Public Distribution/Disseminate T				سا_ا	
Name of Federal Candidate: X Support Office Sought: X House District: ROGERS, WENDY		AZ	85034		
ROGERS, WENDY Calendar Year-To-Date President Senate State: Disbursement For: Primary Ge Other (specify) President Senate State: Disbursement For: Primary Ge Other (specify) President Other (specify) Other (specify) President Other (specify) Other (specify) Other (specify) Other (specify) President Other (specify) Other (specify) President Other (specify) Other (specify) President Other (specify) Other (specify) Other (specify) President Other (specify)					
ROGERS, WENDY,	Name of Federal Candidate:		✗ Support	Office Sough	nt: X House District 01
Per Election for Office Sought Full Name of Payee Cox Media Mailing Address 4600 E Washington Ste 200 City Phoenix Purpose of Expenditure Media Buy Name of Federal Candidate: O'HALLERAN, TOM, Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation.	ROGERS, WENDY, , ,				
Full Name of Payee Cox Media Mailing Address 4600 E Washington Ste 200 City Phoenix AZ 85034 Purpose of Expenditure Media Buy Name of Federal Candidate: O'HALLERAN, TOM, ,		7 7	91896.96	2018	
Mailing Address 4600 E Washington Ste 200 City State Zip Code 17565.0 Phoenix AZ 85034 Transaction ID : SE.5596 Date of Disbursement or Obligation Name of Federal Candidate: Support Office Sought: House District: O'HALLERAN, TOM, , Y Oppose President Senate State: Calendar Year-To-Date Disbursement For: Primary X Gerea Per Election for Office Sought 109461.96 2018 Other (specify) ► (a) SUBTOTAL of Itemized Independent Expenditures Long that the independent expenditures Long that the independent expenditures reported herein were not made in cooperation, consultation, or consul	Full Name of Payee		Memo	_	
Mailing Address 4600 E Washington Ste 200 City State Zip Code 17585.0 Transaction ID : SE.5596 Date of Disbursement or Obligation Media Buy Category/ Type Top Type Type Top Type	Cox Media			1	M M / D D / Y Y Y Y
Ste 200 City Phoenix AZ State Purpose of Expenditure Media Buy Name of Federal Candidate: O'HALLERAN, TOM, , Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultat	Mailing Address			 ∟	10 26 2018
City State Zip Code 17565.0 Phoenix AZ 85034 Transaction ID: SE.5596 Date of Disbursement or Obligation Media Buy Category/ Type Total Name of Federal Candidate:	4600 E Washington			Amou	nt
Phoenix Purpose of Expenditure Media Buy Category/ Type Name of Federal Candidate: O'HALLERAN, TOM, ,		State	Zip Code	-	17565.00
Media Buy Name of Federal Candidate: Support Office Sought: House District: O'HALLERAN, TOM, , Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought 109461.96 Disbursement For: Primary Geroman 2018 Other (specify) Office Sought 2018 Other (specify) Oth		AZ	,		saction ID : SE.5596
O'HALLERAN, TOM, , ,					
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co	Name of Federal Candidate:		Support	Office Sough	nt: K House District: 01
Per Election for Office Sought 109461.96 2018 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consu	O'HALLERAN, TOM, , ,		x Oppose	Presid	ent Senate State: AZ
(a) SUBTOTAL of Itemized Independent Expenditures			109461 96		nt For: Primary General
(b) SUBTOTAL of Unitemized Independent Expenditures	Per Election for Office Sought	7 - 1 - 1 - 1	100101.00	²⁰¹⁸ C	Other (specify)
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures			.	35130.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultati	(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [
	(c) TOTAL Independent Expenditures			•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a pol party committee) any political party committee or its agent.	with, or at the request or suggestion of, any candida	ate or authorized	•		·
Fahy, Amanda, , , [Electronically Filed] Date 03 18 2019	Fahy, Amanda, , ,	(Flastropically E:1	adl	M = M /	
Signature Date 03 18 2019		<u> Баса опишну Г</u> Ш	Date	9 03	18 2019

TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 45 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES	PAC			C C00587022
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Cox Media		☐ Memo	Item Da	te of Public Distribution/Dissemination
				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600 E Washington			Am	nount
Ste 200	Otata	Zin Code	— г	10000.00
City	State	Zip Code 85034	L	ansaction ID : SE.5631
Phoenix	AZ	65034	Da	te of Disbursement or Obligation
Purpose of Expenditure Media Advertistement		Category/ Type		11 05 7 2018
Name of Federal Candidate:		✗ Support	Office So	ught: X House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date		1-1-1-1	Disburser	nent For: Primary Seneral
Per Election for Office Sought	7 7	174266.34	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Cox Media				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600 E Washington				11 03 2010
Ste 200			Am	nount
City	State	Zip Code		10000.00
Phoenix	AZ	85034		ansaction ID : SE.5632 te of Disbursement or Obligation
Purpose of Expenditure Media Advertisements		Category/ Type		11 05 7 9 9 9
Name of Federal Candidate:		Support	Office So	ught: X House District: 01
O'HALLERAN, TOM, , ,		X Oppose		sident Senate State: AZ
Calendar Year-To-Date			Disburser	
Per Election for Office Sought		184266.34	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	S		[20000.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	
			_ =	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Fahy, Amanda, , ,	[Electronically Fi	<i>led]</i> Date	e 03	/ DED / YEYEY 2019
Signature				

PAGE 46 OF 51 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ COURAGEOUS CONSERVATIVES PAC C00587022 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Cygnal, LLC 11 03 2018 Mailing Address 200 Interstate Park Dr Amount Ste 238 City State Zip Code 8000.00 36109 Transaction ID: SE.5625 AL Montgomery Date of Disbursement or Obligation Purpose of Expenditure Category/ **Text Messaging** 11 03 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 162466.34 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Facebook 2018 31 10 Mailing Address 1 Hacker Way Amount 235.00 City State Zip Code Menlo Park Transaction ID: SE.5603 CA 94025 Date of Disbursement or Obligation Purpose of Expenditure Category/ Digital Advertising 31 2018 10 Type Name of Federal Candidate: 01 x Support Office Sought: **X** House District: ROGERS, WENDY, , , ΑZ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 116360.90 2018 Per Election for Office Sought Other (specify) ▶ 8235.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 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 (if the reporting entity is not a political party committee) any political party committee or its agent. Fahy, Amanda,,, [Electronically Filed] 03 18 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 47 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES	PAC			C C00587022
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Ar	nount
City	State	Zip Code	— I	1625.00
Menlo Park	CA	94025	Tr	ansaction ID : SE.5619 ate of Disbursement or Obligation
Purpose of Expenditure Social Media		Category/ Type		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: X House District: 01
ROGERS, WENDY, , ,		Oppose		esident Senate State: AZ
Calendar Year-To-Date		154235.90	Disburse	ment For: Primary X General
Per Election for Office Sought	7 1 7	10 120000	2010	Other (specify) ▶
Full Name of Payee Facebook		☐ Memo	Item Da	ate of Public Distribution/Dissemination
				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Ar	nount
City	State	Zip Code	— г	1800.00
Menlo Park	CA	94025		ransaction ID : SE.5630 ate of Disbursement or Obligation
Purpose of Expenditure Social Media Advertisement	1	Category/		M M / D D / Y Y Y Y
Social Media Advertisement		Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 01
ROGERS, WENDY, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		164266.34	Disburser 2018	ment For: Primary General
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure			. г	3425.00
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURE.	······		•	3423.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
			_	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fi	led] Date	e 03	18 2019
Signature	<u> </u>		, 33	

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES I	PAC			
				C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Grenax Broadcasting II, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 E Rte 66			Amo	unt
City	State	Zip Code	-	1665.98
Flagstaff	AZ	86001		nsaction ID : SE.5369 of Disbursement or Obligation
Purpose of Expenditure Radio Spot		Category/ Type		M M / 19 / Y Y Y Y Y Y Y 19 2018
Name of Federal Candidate:		X Support	Office Sou	ght: K House District: 01
ROGERS, WENDY, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 7	39965.98	Disburseme 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Grenax Broadcasting II, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 E Rte 66				
			Amo	unt
City	State	Zip Code		1665.98
Flagstaff	AZ	86001		nsaction ID : SE.5406 of Disbursement or Obligation
Purpose of Expenditure Radio Spot		Category/ Type		10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 01
ROGERS, WENDY, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date		74331.96	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7	7 100 1.00	2018	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		• [3331.96
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fil	led1 -	M = M	10 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	I Licen Omeuny I'll	_ Date	e 03	18 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES I	PAC			
				C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Grenax Broadcasting II, LLC				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 E Rte 66			Amo	unt
City	State	Zip Code		3331.96
Flagstaff	AZ	86001		saction ID : SE.5601 of Disbursement or Obligation
Purpose of Expenditure Radio Buy		Category/ Type		10 30 7 2018
Name of Federal Candidate:		X Support	Office Soug	ght: K House District: 01
ROGERS, WENDY, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 7	112793.92	Disburseme 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Grenax Broadcasting II, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 E Rte 66			Amo	unt
	10	7. 0.1		3331.98
City Flagstaff	State	Zip Code 86001	Trai	nsaction ID : SE.5602
Purpose of Expenditure	712		Date	of Disbursement or Obligation
Radio Buy		Category/ Type		10 / 31 / 2018
Name of Federal Candidate:		x Support	Office Soug	ght: X House District: 01
ROGERS, WENDY, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date		116125.90	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		• [6663.94
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	[Electronically Fil	led1 -	M = M /	D D / Y Y Y Y Y
Signature	I Licen Omeuny I'll	_ Date	e 03	18 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 50 OF 51 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES P	AC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Impact Strategies, LLC				10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 720 Deer Dr			A	mount
City	State	Zip Code		12700.00
Ruckersville	VA	22968		ransaction ID : SE.5371 ate of Disbursement or Obligation
Purpose of Expenditure Text Messaging		Category/ Type		10 / 19 / 2018
Name of Federal Candidate:		X Support	Office S	ought: House District: 01
ROGERS, WENDY, , ,		Oppose		esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	52665.98	Disburse 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Majority Strategies, LLC				10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12854 Kenan Dr				maunt
Ste 145				mount
City	State	Zip Code		20000.00
Jacksonville	FL	32258	I	Transaction ID : SE.5402 ate of Disbursement or Obligation
Purpose of Expenditure Text Messages		Category/ Type		10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	ought: K House District: 01
ROGERS, WENDY, , ,		Oppose	Pr	esident Senate State: AZ
Calendar Year-To-Date		72665.98		ement For: Primary General
Per Election for Office Sought	7 7	. 200.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				32700.00
(I) CUDTOTAL of United in a discount of the form of the control of			Г	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Fahy, Amanda, , ,	Electronically File	ed]	M = M	18 2019
Signature		Date	9 03	18 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 51 OF 51 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
COURAGEOUS CONSERVATIVES F	PAC			C C00587022		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee		☐ Memo	Item D	Pate of Public Distribution/Dissemination		
Majority Strategies, LLC				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
Mailing Address 12854 Kenan Dr			A	mount		
Ste 145	State	Zip Code		11250.00		
Jacksonville	FL	32258		Transaction ID : SE.5851 Date of Disbursement or Obligation		
Purpose of Expenditure Robocalls		Category/ Type		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 01		
ROGERS, WENDY, , ,		Oppose		resident Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	7	132610.90	Disburse 2018	ement For: Primary X General Other (specify) ▶		
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination		
On Impact Strategies, LLC				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address P.O. Box 155			А	mount		
City	State	Zip Code		230.44		
Ruckersville	VA	22968		Transaction ID : SE.5622 Pate of Disbursement or Obligation		
Purpose of Expenditure Data		Category/ Type		11 03 7 2018		
Name of Federal Candidate:		x Support	Office S	cought: K House District: 01		
ROGERS, WENDY, , ,		Oppose	Pı	resident Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	, , ,	154466.34	Disburse 2018	ement For:		
(a) SUBTOTAL of Itemized Independent Expenditures			· • L	11480.44		
(b) SUBTOTAL of Unitemized Independent Expenditur	es					
(c) TOTAL Independent Expenditures			•	170874.34		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
Fahy, Amanda, , ,	Electronically Fil	ed]	e 03	18 2019		
Signature		Date	5 03	10 2010		