

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 DEC -2 A 9 12 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12PPKMS

CONSERVATIVE NATIONAL COMMITTEE

ADDRESS (number and street)

P.O. BOX 1326

Check if different than previously reported (ADC)

ARLINGTON

VA

22210

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000139097

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)

Dec 20 (M12)

(Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Jan 31 (YE)

(Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(Non-Election Year Only)

(a) Quarterly Reports:

April 15

Quarterly Report (Q1)

July 15

Quarterly Report (Q2)

October 15

Quarterly Report (Q3)

January 31

Year-End Report (YE)

July 31

Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

US

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

in the State of

US

Election on

in the State of

US

5. Covering Period

12/15/2004

through

11/23/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert J. Gallardo

Signature of Treasurer

[Handwritten Signature]

Date

12/02/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

70 74 2004

To:

11 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2004		1114.11
(b) Cash on Hand at Beginning of Reporting Period	342330	
(c) Total Receipts (from Line 19)	1200.20	22100.84
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	462350	23214.95
7 Total Disbursements (from Line 31)	388700	22478.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73650	736.50
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	949308.2	



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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2001)

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From

10 14 2004

To

11 23 2004

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Parsons Other
Than Political Committees
(i) Itemized (use Schedule A)

1000

(ii) Unitemized

20020

(iii) TOTAL (add
Lines 11(a)(i) and (ii))

120020

2210084

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) Total Contributions (add Lines
11(a)(i), (b), and (c)) (Carry
Totals to Line 23, page 5)

120020

2210084

12. Transfers From Affiliated/Other
Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees

17. Other Federal Receipts
(Dividends, Interest, etc.)

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

120020

2210084

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)

120020

2210084

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocation Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,887.00	1,802.45
22. Transfers to Affiliates/Other Party		
Contributors		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	4,450.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(3)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3,887.00	2,247.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(i) from Line 31)	3,887.00	2,247.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12,002.00	22,100.84
34. Total Contribution Refunds (from Line 20(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12,002.00	22,100.84
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	18,870.00	18,028.45
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18,870.00	18,028.45

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

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

FOR LINE NUMBER		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. **GEORGE MARLIN**

Mailing Address

1735 MARKET STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee

C

Name of Employer

PHILADELPHIA TRUST COMPANY

Occupation

BANKER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 28 2004

Amount of Each Receipt This Period

500.00

Full Name (Last, First, Middle Initial)

B. **T. CASS BOLLEGER**

Mailing Address

487-A 26th AVENUE NE

City

HICKORY

State

NC

Zip Code

28601

FEC ID number of contributing federal political committee

C

Name of Employer

US CONGRESS

Occupation

CONGRESSMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 28 2004

Amount of Each Receipt This Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

1,000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check/print one)

PAGE 1 OF 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.

USPS

Date of Disbursement

10 31 2004

Mailing Address

WASHINGTON BLVD

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

ADMINISTRATIVE EXPENSE

001

Category/Type

Amount of Each Disbursement This Period

3700

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

JOHN GIZZI

Date of Disbursement

10 03 2004

Mailing Address

PO BOX 1326

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

ADMINISTRATIVE EXPENSE

001

Category/Type

Amount of Each Disbursement This Period

1600.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

RACH GALLIANO

Date of Disbursement

11 02 2004

Mailing Address

PO BOX 1326

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

ADMINISTRATIVE EXPENSE

001

Category/Type

Amount of Each Disbursement This Period

2500

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (real page this line number only)

18870.0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (if Full)
CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
ASHBURN FOR CONGRESS COMMITTEE

Mailing Address
P.O. Box 11444

City **BAKERSFIELD** State **CA** Zip Code **93389**

Purpose of Disbursement
POLITICAL CONTRIBUTION Category Type **011**

Candidate Name
ROY ASHBURN

Office Sought: House Senate President
State **CA** District **20**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 25 2004

Amount of Each Disbursement this Period
100.00

Full Name (Last, First, Middle Initial)
WALCHER FOR CONGRESS

Mailing Address
PO BOX 4800

City **GRAND JUNCTION** State **CO** Zip Code **80033**

Purpose of Disbursement
POLITICAL CONTRIBUTION Category Type **011**

Candidate Name
G-REG WALCHER

Office Sought: House Senate President
State **CO** District **3**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 25 2004

Amount of Each Disbursement this Period
100.00

Full Name (Last, First, Middle Initial)
BEAUPREX FOR CONGRESS

Mailing Address
3994 YOUNGFIELD STREET

City **WHEAT RIDGE** State **CO** Zip Code **80033**

Purpose of Disbursement
POLITICAL CONTRIBUTION Category Type **011**

Candidate Name
BOB BEAUPREX

Office Sought: House Senate President
State **CO** District **7**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 23 2004

Amount of Each Disbursement this Period
100.00

SUBTOTAL of Disbursements This Page (optional) **300.00**

TOTAL This Period (last page this line number only) **300.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOP LINE NUMBER (check by one)

PAGE 2 OF 7

21a 22 23 24 25
 26 27 28 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of raising contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. **KOBACH for CONGRESS**

Date of Disbursement

Mailing Address

PO Box 1224

10 25 2004

City

OVERLAND PARK

State

KS

Zip Code

66282

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement (in Dollars)

Candidate Name

KRIS KOBACH

Category Type

100.00

Office Sought

House
 Senate
 President

Disbursement For

Primary General
 Other (specify) ▼

State

KS

District

3

Full Name (Last, First, Middle Initial)

B. **GEOFF DAVIS 2004**

Date of Disbursement

Mailing Address

3161 DIXIE HWY, # F

10 25 2004

City

ERLANGER

State

KY

Zip Code

41018

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement (in Dollars)

Candidate Name

GEOFF DAVIS

Category Type

100.00

Office Sought

House
 Senate
 President

Disbursement For

Primary General
 Other (specify) ▼

State

KY

District

4

Full Name (Last, First, Middle Initial)

C. **FORTENBERRY for US CONGRESS**

Date of Disbursement

Mailing Address

1620 N STREET

10 25 2004

City

LINCOLN

State

NE

Zip Code

68503

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement (in Dollars)

Candidate Name

JEFF FORTENBERRY

Category Type

100.00

Office Sought

House
 Senate
 President

Disbursement For

Primary General
 Other (specify) ▼

State

NE

District

2

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line further only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

FGR LINE NUMBER (check only one)

PAGE 3 OF 7

21 22 23 24 25 26
 27 28 29 30

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NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DUANE SAND Date of Disbursement: **10 25 2004**

Mailing Address: **ONE NORTH 2ND STREET, SUITE 212**

City: **FARGO** State: **ND** Zip Code: **58102**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category Type: **011** Amount of Each Disbursement this Period: **100.00**

Candidate Name: **DUANE SAND**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **ND** District: **AL**

B. POE for CONGRESS Date of Disbursement: **10 25 2004**

Mailing Address: **PO BOX 38585**

City: **DALLAS** State: **TX** Zip Code: **75238**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category Type: **011** Amount of Each Disbursement this Period: **100.00**

Candidate Name: **TED POE**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **TX** District: **2**

C. SESSIONS for CONGRESS Date of Disbursement: **10 25 2004**

Mailing Address: **PO BOX 38585**

City: **DALLAS** State: **TX** Zip Code: **75238**

Purpose of Disbursement: **POLITICAL CONTRIBUTIONS** Category Type: **011** Amount of Each Disbursement this Period: **100.00**

Candidate Name: **PETE SESSIONS**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: **TX** District: **32**

SUBTOTAL of Disbursements This Page (optional) **300.00**

TOTAL This Period (next page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER (check only one)

PAGE **4** OF **7**

<input type="checkbox"/> 210	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32

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NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

F... Name (Last, First, Middle Initial)

A. DRAKE for CONGRESS

Mailing Address: **PO Box 61480**

City: **VIRGINIA BEACH VA** State: **VA** Zip Code: **23466**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category Type: **011**

Candidate Name: **THERMA DRAKE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **VA** District: **2**

Date of Disbursement: **10 25 2004**

Amount of Each Disbursement in this Period: **100.00**

B. TRIPLETT for the 9th

Mailing Address: **205 WEST MAIN STREET #28**

City: **ABINGTON VA** State: **VA** Zip Code: **24210**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category Type: **011**

Candidate Name: **KEVIN TRIPLETT**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **VA** District: **2**

Date of Disbursement: **10 25 2004**

Amount of Each Disbursement in this Period: **100.00**

C. Mc MORRIS for CONGRESS

Mailing Address: **301 WEST MAIN STREET**

City: **SPokane WA** State: **WA** Zip Code: **99210**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category Type: **011**

Candidate Name: **CATHY Mc MORRIS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **WA** District: **2**

Date of Disbursement: **10 25 2004**

Amount of Each Disbursement in this Period: **100.00**

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30

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NAME OF COMMITTEE (in full)

CONSERVATIVE NATIONAL COMMITTEE

FULL Name (Last, First, Middle Initial)

A. MURKOWSKI for SENATE Date of Disbursement: 10 25 2004

Mailing Address: **PO Box 100847**

City: **ANCHORAGE** State: **AK** Zip Code: **99510**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Amount of Each Disbursement (in full): 100.00

Candidate Name: **LISA MURKOWSKI** Category Type: 011

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **AK** District: _____

B. MARTINEZ for SENATE Date of Disbursement: 10 25 2004

Mailing Address: **PO Box 536176**

City: **ORLANDO** State: **FL** Zip Code: **32853**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Amount of Each Disbursement (in full): 100.00

Candidate Name: **MEL MARTINEZ** Category Type: 011

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **FL** District: _____

C. VITTEA for SENATE Date of Disbursement: 10 25 2004

Mailing Address: **2727 CAUSEWAY BLVD**

City: **MEYNAIRE** State: **LA** Zip Code: **70002**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Amount of Each Disbursement (in full): 100.00

Candidate Name: **DAVID VITTEA** Category Type: 011

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **LA** District: _____

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISSURSEMENTS**

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

FEC LINE NUMBER (one or more)

PAGE **6** OF **7**

21a 22 23 24 25 26 27 28a 28b 29 30

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 nominating purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (in full)

CONSERVATIVE NATIONAL COMMITTEE

F, P Name (Last, First, Middle Initial)

A. **Burr for SENATE**

Date of Disbursement

Mailing Address

PO Box 5928

10 25 2004

City

WINSTON-SALEM NC

State

Zip Code

27113

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement This Period

Candidate Name

RICHARD BURR

Category Type

100.00

Office Sought

House

Disbursement For

Senate

Primary

General

President

Other (specify) ▼

State

NC

District

F, P Name (Last, First, Middle Initial)

B. **COBURN for SENATE**

Date of Disbursement

Mailing Address

8321 EAST 61ST STREET # 223

10 25 2004

City

TULSA

State

Zip Code

OK

74133

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement This Period

Candidate Name

TIM COBURN

Category Type

100.00

Office Sought

House

Disbursement For

Senate

Primary

General

President

Other (specify) ▼

State

OK

District

F, P Name (Last, First, Middle Initial)

C. **DE MINT for SENATE**

Date of Disbursement

Mailing Address

PO Box 12425

10 25 2004

City

COLUMBIA

State

Zip Code

SC

29211

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement This Period

Candidate Name

TIM DEMINT

Category Type

100.00

Office Sought

House

Disbursement For

Senate

Primary

General

President

Other (specify) ▼

State

SC

District

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER (check only one)

21a 22 23 24 25 26
27 28a 28b 29a 29b 30

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NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. THUNE for SENATE

Date of Disbursement

Mailing Address

PO Box 3308

10 25 2004

City

SIOUX FALLS

State Zip Code

SD 57101

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement This Period

Candidate Name

JOHN THUNE

Category Type

100.00

Office Sought

House
 Senate
President

Disbursement For

Primary General
Other (specify) ▼

State

SD

Full Name (Last, First, Middle Initial)

B. PIPKIN for SENATE

Date of Disbursement

Mailing Address

PO Box 100

10 25 2004

City

STEVENSVILLE

State Zip Code

MD 21166

Purpose of Disbursement

POLITICAL CONTRIBUTION

011

Amount of Each Disbursement This Period

Candidate Name

E.J. PIPKIN

Category Type

100.00

Office Sought

House
 Senate
President

Disbursement For

Primary General
Other (specify) ▼

State

MD

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement This Period

Office Sought

House
 Senate
President

Disbursement For

Primary General
Other (specify) ▼

State

District

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

2,000.00

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate
schedules)
for each
numbered line)

FOR LINE NUMBER
(check any one)

0
 1-3

Excluding Loans

NAME OF COMMITTEE (in full)
Conservative National Committee

A Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company		Nature of Debt (Purpose) List Rental
Mailing Address 1430 Springhill Road #490		
City McLean	State VA	Zip Code 22102
Outstanding Balance Beginning This Period 19,269.39		Outstanding Balance at Close of This Period 19,269.39
Amount Incurred This Period 0	Payment This Period 0	

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Bruce W. Ebenle & Associates		Nature of Debt (Purpose) Fundraising
Mailing Address 1430 Springhill Road #490		
City McLean	State VA	Zip Code 22102
Outstanding Balance Beginning This Period 17,974.00		Outstanding Balance at Close of This Period 17,974.00
Amount Incurred This Period 0	Payment This Period 0	

C Full Name (Last, First, Middle Initial) of Debtor or Creditor GRAPHICS		Nature of Debt (Purpose) Graphics
Mailing Address 8330 Old Courthouse Road		
City Vienna	State VA	Zip Code 22180
Outstanding Balance Beginning This Period 391.56		Outstanding Balance at Close of This Period 391.56
Amount Incurred This Period 0	Payment This Period 0	

1) SUBTOTALS This Period This Page (optional)	21,458.35
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2; and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedules for each numbered line)

FOR LINE NUMBER (check only one)

9
 10

NAME OF COMMITTEE (in Full)
Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **CCI** Nature of Debt (Purpose): **Computer Printing**

Mailing Address: **8330 Old Courthouse Road**

City State Zip Code
Vienna VA 22180

Outstanding Balance Beginning This Period: **1538.77**
Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **1538.77**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **WIB** Nature of Debt (Purpose): **Mailing Services**

Mailing Address: **2727 Merrilee Drive**

City State Zip Code
Fairfax VA 22031

Outstanding Balance Beginning This Period: **11,227.10**
Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **11,227.10**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **ARICO Systems** Nature of Debt (Purpose): **Computer Printing**

Mailing Address: **2853 Nutley Street**

City State Zip Code
Fairfax VA 22031

Outstanding Balance Beginning This Period: **11,651.63**
Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **11,651.63**

1) SUBTOTALS This Period This Page (optional)	24417.50
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered item)

PAGE 3 OF 5
FOR LINE NUMBER (check only one)

NAME OF COMMITTEE (in full)
Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANDREWS REPRODUCTION CENTER		Nature of Debt (Purpose) PRINTING
Mailing Address 10101-J Bacon Drive		
City Beltsville	State MD	Zip Code 20705
Outstanding Balance Beginning This Period 6097.20		Outstanding Balance at Close of This Period 6097.20
Amount Incurred This Period 0	Payment This Period 0	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Center, Kent & Sullivan		Nature of Debt (Purpose) Legal Services
Mailing Address 2020 K Street, N.W.		
City Washington	State DC	Zip Code 20006
Outstanding Balance Beginning This Period 28259.88		Outstanding Balance at Close of This Period 28259.88
Amount Incurred This Period 0	Payment This Period 0	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southeast Printing		Nature of Debt (Purpose) PRINTING SERVICES
Mailing Address 2401 Wilson Blvd.		
City Arlington	State VA	Zip Code 22201
Outstanding Balance Beginning This Period 399.06		Outstanding Balance at Close of This Period 399.06
Amount Incurred This Period 0	Payment This Period 0	

1) SUBTOTALS This Period This Page (optional)	34756.14
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered one)

FOR LINE NUMBER: (check only one)

13

NAME OF COMMITTEE (in full)
Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **Diversified Mailing Services** Nature of Debt (Purpose): **Mailing Services**

Mailing Address: **4333 Davenport Road**

City: **Fredricksburg** State: **VA** Zip Code: **22401**

Outstanding Balance Beginning This Period: **4431.61**

Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **4431.61**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **Sir Speedy Printing Centers** Nature of Debt (Purpose): **Printing**

Mailing Address: **5881 Leesburg Pike**

City: **Falls Church** State: **VA** Zip Code: **22041**

Outstanding Balance Beginning This Period: **875.22**

Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **875.22**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor: **James K. Jeanblanc** Nature of Debt (Purpose): **Legal Services**

Mailing Address: **1730 M Street NW, #400**

City: **Washington, D.C.** State: Zip Code: **20036**

Outstanding Balance Beginning This Period: **12001.63**

Amount Incurred This Period: **0** Payment This Period: **0** Outstanding Balance at Close of This Period: **12001.63**

1) SUBTOTALS This Period This Page (colimate):	1332.001
2) TOTALS This Period (last page this line number only):	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only):	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only):	

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

Excluding Loans

Use separate schedule(s) for each numbered line) PAGE 3 OF 5
FOR LINE NUMBER: (check only one) 9
 10

NAME OF COMMITTEE (If Filer):
Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>Seturn Corporation</u>	Nature of Debt (Purpose): <u>Computer Services</u>
Mailing Address: <u>4701 Lydell Road</u>	
City: <u>Cheverly</u> State: <u>MD</u> Zip Code: <u>20781</u>	

Outstanding Balance Beginning This Period <u>97882</u>	Amount Incurred This Period <u>0</u>	Payment This Period <u>0</u>	Outstanding Balance at Close of This Period <u>97882</u>
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address: City: State: Zip Code:	Nature of Debt (Purpose):
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Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address: City: State: Zip Code:	Nature of Debt (Purpose):
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Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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1) SUBTOTALS This Period This Page (optional)	<u>97882</u>
2) TOTALS This Period (last page this line number only)	<u>9493082</u>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<u>0</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<u>9493082</u>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/2/04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JSD</i> PREPARER	12/02/04 DATE PREPARED