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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	onzea Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
COURAGEOUS CON	ISERVATIVES PAC			
ADDRESS (number and street)	212 Yeardley Ave			
Check if different than previously reported. (ACC)	Lynchburg		VA L	24501
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	Υ▲	STATE ▲	ZIP CODE ▲
C C00587022	3. IS	THIS NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (1	12S)
January 31 Year-End Report (Fleetier	n on	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (3	0R) Special (30S)
Termination Repor (TER)		n on	Y I Y I Y I Y	in the State of
	7 01 2018	through 07	31_	2018
I certify that I have examined t	Fahy, Amanda, , ,	my knowledge and belief it is t	rue, correct and	complete.
Signature of Treasurer	y, Amanda, , ,	[Electronically Filed]	Date 08	/ D D / Y Y Y Y Y Y 14 14 2018
NOTE: Submission of false, erro	neous, or incomplete information	may subject the person signing	this Report to th	e penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		2510.43
	(b) Cash on Hand at Beginning of Reporting Period	4141.71	
	(c) Total Receipts (from Line 19)	50000.00	126050.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54141.71	128560.43
	Total Disbursements (from Line 31)	2870.85	77289.57
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51270.86	51270.86
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	294251.32	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	50000.00	97500.00		
	(ii) Unitemized	0.00	50.00		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	50000.00	97550.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	50000.00	97550.00		
12.	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	28500.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	0.00	0.00		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	50000.00	126050.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	50000.00	126050.00		

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	ating Expenditures:	Total Tillo I Gliou	Calcillai Tear-10-Date		
	Allocated Federal/Non-Federal Activity (from Schedule H4)				
	i) Federal Share	0.00	0.00		
`	ii) Non-Federal Share	0.00	0.00		
	Other Federal Operating	2870.85	8116.57		
	Expenditures Total Operating Expenditures	2070.03	0110.57		
٠,	add 21(a)(i), (a)(ii), and (b))	2870.85	8116.57		
	fers to Affiliated/Other Party	2010.00			
Comr	nittees	0.00	0.00		
	ibutions to ral Candidates/Committees	4 4 4			
and C	Other Political Committees	0.00	0.00		
	endent Expenditures				
(use	Schedule E) dinated Party Expenditures	0.00	69173.00		
(52 U	J.S.C. § 30116(d))	0.00			
(use	Schedule F)	0.00	0.00		
Loan	Repayments Made	0.00	0.00		
_54.1		4	0.00		
Loans	s Made	0.00	0.00		
	nds of Contributions To: ndividuals/Persons Other	4 4			
	Than Political Committees	0.00	0.00		
		4 4 4	4 4 4		
	Political Party Committees	0.00	0.00		
` '	Other Political Committees				
	such as PACs)	0.00	0.00		
` '	Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other	Disbursements (Including				
Non-F	Federal Donations)	0.00	0.00		
		4 4	Ap. Ap. Ap. Ap.		
	ral Election Activity (52 U.S.C. § 30101(2	20))			
٠, ,	Allocated Federal Election Activity from Schedule H6)				
	i) Federal Share	0.00	0.00		
(ij i odorar oriaro	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
	Federal Election Activity Paid	45 45 45			
E	Entirely With Federal Funds	0.00	0.00		
	Total Federal Election Activity (add	4 4	T T T		
L	ines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	Disbursements (add Lines 21(c), 22,				
23, 2	4, 25, 26, 27, 28(d), 29 and 30(c))	2870.85	77289.57		
Total	Federal Disbursements				
	ract Line 21(a)(ii) and Line 30(a)(ii)				
	Line 31)	2870.85	77000		
	,	2070.00	77289.57		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

()		
III. 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)	50000.00	97550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50000.00	97550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2870.85	8116.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2870.85	8116.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

						PAGE	6	OF	33	
	(check only one)									
		X	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 name and address of any political committee to solicit contributions from such committee

or	for commercial purposes, other than using the n	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) COURAGEOUS CONSERVATIV	ES PAC						
Α.	Full Name of Individual (Last, First, Middle Initial Hillman, Tatnall, , , Mailing Address 504 W Bleeker St	l) or Full Org	anization Name	Date of Receipt				
	City	State	Zip Code	7 19 2018 Transaction ID : SA11AI.5284				
	Aspen FEC ID number of contributing federal political committee.	C	81611	Amount of Each Receipt this Period 50000.00				
	Name of Employer (for Individual) Retired	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 50000.00					
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address	Date of Receipt						
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼					
С.	Full Name of Individual (Last, First, Middle Initial	l) or Full Org	anization Name	Date of Receipt				
	Mailing Address	1 -		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.	С						
	Name of Employer (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify)							
s	UBTOTAL of Receipts This Page (optional)			> 50000.00				
т	OTAL This Period (last page this line number on	ly)		▶ 50000.00				

S 17

SCHEDULE B (FEC Form 3X)	FOR			OR LINE NUMBER: PAGE 7 OF 33				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I `	check only one)				
		Summary Page	X 21		23	26 27		
Г			28		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	S PAC							
Full Name (Last, First, Middle Initial)								
A. American Campaign Services, LLC	C 			M = M	Disburseme	/ Y . Y . Y . Y		
Mailing Address 5830 E 2nd St Ste 8				07	25	2018		
,	State	Zip Code		FEC Ide	ntification N	lumber		
Casper Purpose of Disbursement	WY	82609						
Communications Consulting					00587022			
Candidate Name			Catamani			: SB21B.5285 sbursement this Period		
COURAGEOUS CONSERVATIVE	SPAC		Category/ Type	Amount	OI Eacii Di	spursement this Feriod		
Office Sought: House Disburse	ment For:	2018		T I		2800.00		
Senate x	Primary	General				,		
President	Other (spe	cify) ▼		Memo Item				
State: District:								
B. C&H Financial Services				Date of	Disburseme	ent		
5. Can Financial Services					07 02 / 2018			
Mailing Address 1 Westbrook Corporate Center Ste 300								
City	City State Zip Code					FEC Identification Number		
Westchester Purpose of Disbursement	IL	60154						
BankCard Fees				C C00587022				
Candidate Name		Cotogony				: SB21B.5280		
COURAGEOUS CONSERVATIVE	SPAC		Category/ Type	Amount of Each Disbursement this Per				
Office Sought: House Disburse	ment For:	nent For: 2018 Primary General				50.85		
Senate x	Primary							
President	Other (spe	cify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) C. C&H Financial Services				Date of	Disburseme	ent		
				М = М	/ D D	/ Y • Y • Y • Y		
Mailing Address 1 Westbrook Corporate Center Ste 300			07	06	2018			
	State	Zip Code		FF0.11				
Westchester	IL	60154		FEC Ide	ntification N	Number		
Purpose of Disbursement BankCard Fees					00587022	0D04D 5004		
Candidate Name			Category/		Transaction ID : SB21B.5281 Amount of Each Disbursement this Period			
COURAGEOUS CONSERVATIVE			Type					
	ment For: 2				7	20.00		
Senate	Primary	General						
State: District: Other (specify) ▼ Memo Itel					no Item			
State. District.								
SUBTOTAL of Disbursements This Page (optional)					- T	2870.85		
					-	0070.05		
TOTAL This Period (last page this line number only)					2870.85		

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

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FOR LINE 13 OF FORM 3X

		Potanou duminary rago Port Elive 15 of Portivi 5X			
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4280			
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item			
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼			
City	State	ZIP Code			
Dallas	TX	75205			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
12000.00		0.00 12000.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
M 10 M / D 21 D / Y 2015 Y	M = M / D = D	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional	(l.	12000.00			
TOTALS This Period (last page in this line o	nly)				
carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.					

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4281					
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	Memo Item Election: Primary General				
Mailing Address 25 Highland Park Village		Other (specify) ▼				
Suite 100						
City	State	ZIP Code				
Dallas	TX	75205				
Original Amount of Loan	Cumulative Pay	nent To Date Balance Outstanding at Close of This Period				
15000.00		0.00 15000.00				
TERMS Date Incurred	Di	te Due Interest Rate Secured:				
M 11 M / D 05 D / Y 2015	M M / D D	/				
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)						
OTALS This Period (last page in this line only)						

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4283 **COURAGEOUS CONSERVATIVES PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , , Memo Item Primary General Mailing Address 25 Highland Park Village Other (specify) ▼ Suite 100 City State ZIP Code Dallas 75205 TX Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 30000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 17^D 11 2015 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 30000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4404					
LOAN SOURCE Full Name (Last, First, Mir Ekstrom, Christopher, , ,	ddle Initial)	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	Da	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)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON			
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	Transaction ID : SC/10.4405				
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N			
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼			
City	State	ZIP Code			
Dallas	TX	75205			
Original Amount of Loan	Cumulative Pay	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	al)	20000.00			
TOTALS This Period (last page in this line of	only)				
carry outstanding balance only to LINE 3. Schedule D. for this line, If no Schedule D. carry forward to appropriate line of Summary.					

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

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE			
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4406			
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			
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 (optiona	l)	8000.00			
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 Summary Page FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4500 **COURAGEOUS CONSERVATIVES PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , , Memo Item Primary General Mailing Address 25 Highland Park Village Other (specify) ▼ Suite 100 ZIP Code City State Dallas 75205 TX Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8500.00 8500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 03 02 2016 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 8500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.4505
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	t, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 30000.00			yment To Date Balance Outstanding at Close of This Period 0.00 30000.00
Date Incurred MO2 / 12 / 2016		M = M / D = D	Date Due Interest Rate Secured: 0.00 (apr) Yes X No
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle I		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle I	nitial)		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 th	is line on	ly)	
Carry outstanding balance only to L	INE 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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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4510
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	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
17000.00	7	0.00 17000.00
TERMS Date Incurred	D	te Due Interest Rate Secured:
M 02 M / D 22 D / Y 2016	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)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TOTALS This Period (last page in this line on		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
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID: SC/10.4555
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10000.00	-	0.00
TERMS Date Incurred		ate Due Interest Rate Secured:
M03 M / 18 J Y Y 2016	M M / D D	% (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	ul)	
TOTALS This Period (last page in this line of	nly)	
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

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID : SC/10.4892
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	liddle Initial)	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
4567.89		0.00 4567.89
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 07	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	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)		, 4007.03
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding palance only to LINE 3. 50	neaule D. for this	Time. II NO Schedule D. Carry Torward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)					Transaction ID : SC/10.4891
COURAGEOUS CONSERVA	ATIVES	S PAC			
LOAN SOURCE Full Name (Last, I Ekstrom, Christopher, , ,	First, Mid	Idle Initial)		N ☐ Memo	Item Election: Primary General
Mailing Address 25 Highland Park Village Suite 100					Other (specify) ▼
City		State	ZIP Co	de	
Dallas	TX 752		7520	5	
Original Amount of Loan	<u> </u>	Cumulative Pay	ment To	Date	Balance Outstanding at Close of This Perio
6000.00				0.00	6000.00
Date Incurred Date Due 07 11 2016 Date Due				Interest	t Rate Secured: 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (i		Loan Source		Name of Employer	
Full Name (Last, First, Middle Init	iai)			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 Init	ial)			Name of Employer	
Mailing Address			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (o	ptional)			·····	6000.00
OTALS This Period (last page in this	line only)		······	, ,

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID : SC/10.4918		
LOAN SOURCE Full Name (Last, First Ekstrom, Christopher, , ,	, Middle Initial)	N		
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼		
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	yment 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 / D 04 / Y Y 2016 Y	M M / D D	/ 12/31/2020		
List All Endorsers or Guarantors (if an	y) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	nal)	10013.46		
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.		

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (IN FU	,	S PAC	Transaction ID : SC/10.4934
LOAN SOURCE Full Nam Ekstrom, Christopher, , ,	ne (Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 9500.00			yment To Date Balance Outstanding at Close of This Period 0.00 9500.00
TERMS Date Incurred Date Due 09 / 19 / 2016			
List All Endorsers or Gua 1. Full Name (Last, First, March 1)	, ,,	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, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	Middle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This OTALS This Period (last page			
	nly to LINE 3, Sc	hedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	'ES PAC	Transaction ID : SC/10.4948
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 Pag	yment To Date Balance Outstanding at Close of This Period
15420.00		0.00 15420.00
TERMS Date Incurred	D	Pate Due Interest Rate Secured:
M11 / 16 / Y 2016 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 (options	al)	15420.00
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.

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4995
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas	Dallas TX 752		75205
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
	2500.00		0.00 12500.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 08)17	M = M / D = D	/ 12/31/2021
List All Endorsers or Guarante	,	to Loan Source	
1. Full Name (Last, First, Middl	e 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, Middl	e 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 Pa	ge (optional)		12500.00
FOTALS This Period (last page in	this line on	ly)	······································
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		S PAC	Transaction ID : SC/10.4996
LOAN SOURCE Full Name Ekstrom, Christopher, , ,	(Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment To 300.00		Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period 0.00 300.00
M M / D D / Y Y Y Y M M / D D / Y			12/31/2021 0.00 % (apr) Yes X No
List All Endorsers or Guara 1. Full Name (Last, First, Mid	, ,,,	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, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This OTALS This Period (last page			
Carry outstanding balance only	y to LINE 3, Sc	hedule D, for thi	is 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 CONSER	VATIVE	S PAC	Transaction ID : SC/10.5028
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	t, First, M	iddle 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
	4.97		0.00 5014.97
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 09 / 01 / Y 2017	Y	M = M / D = D	/ 12/31/2017 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			, 3014.37
FOTALS This Period (last page in the			
carry outstanding balance only to l	.ine 3, Sc	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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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, , ,	ddle Initial)	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 Payment T		ment To Date Balance Outstanding at Close of This Period
11000.00	-	0.00 11000.00
TERMS Date Incurred	Da	tte Due Interest Rate Secured:
M 10 M / D 16 D / Y 2017	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)		1100.00
Carry outstanding balance only to LINE 3. Sci		line. If no Schedule D, carry forward to appropriate line of Summary.

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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/10.5091
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 Pa	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	C	ate Due Interest Rate Secured:
M 11 / D 10 / Y 2017 Y	M M / D D	/ 12/31/2022
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	750.00
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

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID: SC/10.5104	
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	
22185.00		0.00 22185.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
M 12 / D 1 / Y 2017 Y	M M / D D	/ 12/31/2021 0.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line	only)		
Carry outstanding balance only to LINE 3	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary	

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.5102	
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	liddle Initial)	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
5000.00		0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
12 ^M / 06 ^D / Y Y Y Y Y	M = M / D = D	/ 12/31/2021
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)		3000:00
TOTALS This Period (last page in this line on		
Carry outstanging palance only to LINE 3. So	nequie D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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TERMS Date Incurred Date Due Interest Rate Secured: 12		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
Ekstrom, Christopher, Mailing Address 25 Highland Park Village 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" 10" 18" 12" 2017 12" 12" 12" 2017 12" 12" 12" 0.00 9% (apr) 12" 12" 12" 12" 12" 12" 12" 12" 12" 12"		Transaction 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	RCE Full Name (Last, First, Middle Initial) stopher, , ,	Primary
City Dallas TX 75205 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This I ERMS Date Incurred Date Due Interest Rate Secured: 12	ess 25 Highland Park Village	Other (specify) ▼
Dallas TX 75205 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This I 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 12	Suite 100	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This is 6500.00 TERMS Date Incurred Date Due Interest Rate Secured: 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed City State ZIP Code Amount Guaranteed Amount Guaranteed City State ZIP Code Amount Guaranteed	State	ZIP Code
TERMS Date Incurred Date Due Interest Rate Secured: 12	TX	75205
TERMS Date Incurred Date Due Interest Rate Secured: M12	ount of Loan Cumulative F	nent To Date Balance Outstanding at Close of This Period
Date Incurred Date Due Interest Rate Secured: 12	6500.00	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: 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: Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Amount Guaranteed	Date Incurred	te Due Interest Rate Secured:
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 City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Name of Employer Name of Employer Mailing Address Occupation 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Amount Guaranteed		/ 12/31/2021
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: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	orsers 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: Mailing Address Occupation City State ZIP Code Amount Guaranteed	(Last, First, Middle Initial)	Name of Employer
Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Name of Employer Occupation Occupation Occupation Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed	dress	Occupation
Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed	State ZIP Code	Guaranteed
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	(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 Guaranteed	dress	Occupation
Mailing Address Occupation City State ZIP Code Amount Guaranteed	State ZIP Code	Guaranteed
City State ZIP Code Amount Guaranteed	(Last, First, Middle Initial)	Name of Employer
Guaranteed	dress	Occupation
Outstanding:	State ZIP Code	
4. Full Name (Last, First, Middle Initial) Name of Employer	(Last, First, Middle Initial)	Name of Employer
Mailing Address Occupation	dress	Occupation
City State ZIP Code Amount Guaranteed Outstanding:	State ZIP Code	Guaranteed
		, , , , , , , , , , , , , , , , , , , ,
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		

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	RVATIVE	ES PAC	Transaction ID : SC/10.5146
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 Cumulative Payment To		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 500.00
			ate Due Interest Rate Secured: 12/31/2025 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 Pag			300.00
Carry outstanding balance only to	LINE 3, So	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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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.5187	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100	0.1-1-	7/0.0.4
City	State	ZIP Code
Dallas Original Amount of Loop	TX Cumulativa Pay	75205 Polance Outstanding at Class of This Period
Original Amount of Loan 22000.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 22000.00
TERMS Date Incurred	D	ata Dua Interest Pata Secured
Date Incurred Date Due M 05		Interest Rate Y 12/31/2022 0.00 % (apr) Yes 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)		, 2200.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	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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FOR LINE 13 OF FORM 3X

		Potanica cammary rago Torr Elive 15 of Torrior 5X	
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5243	
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 Pag	yment To Date Balance Outstanding at Close of This Period	
6000.00		0.00 6000.00	
TERMS Date Incurred	С	pate 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)			
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary	