PAGE 1 / 33

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For O	ther Than An	Authorized	d Commit	tee		Office U	se Only	
NAME OF COMMITTEE (in fu		OR PRINT ▼		ample: If typer the lines.	ing, type	12FE	4M5		
COURAGEOUS	CONSER	VATIVES PA	VC						1
<u> </u>									
	212	Yeardley Ave							
ADDRESS (number and ▼	street)	, journal of Arto							
Check if different than previously reported. (ACC	/ Lvr	nchburg				VA	2450	<u> </u>	
2. FEC IDENTIFICA	TION NUMBE	R ▼	CITY ▲			STATE A		ZIP COI	DE 🛦
C C00587022			3. IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo		Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	ĕ	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly	Report (Q1)	(c) 12-Day PRE-Election Report for the		Primary (12 Convention		=	eral (12G) ial (12S)	ō	Runoff (12R)
January 3	Report (Q3)		Election on	M = M	/ D = D /	Y W Y W Y	Y	in the State o	f .
Year Only	on-election (MY)	(d) 30-Day POST-Elect Report for t		General (30	0G)	Runo	off (30R)		Special (30S)
Terminatio (TER)	ii nepoit	I	Election on	M = M	D D /	Y Y Y Y	Y	in the State o	f .
5. Covering Period	11		2018	through	12	31	/	18	
I certify that I have exa Type or Print Name of	Fal	oort and to the beny, Amanda, , ,	est of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Fahy, Amana	la, , ,		[Electronical	lly Filed]	Date C	M / D	D /	2019
NOTE: Submission of fal	se, erroneous, o	or incomplete infor	mation may su	ubject the pe	erson signing t	his Report	to the penalti	es of 52	U.S.C. § 30109
Office Use Only								FOR Rev. 05/20	

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
6.	(a) Cash on Hand January 1, 2018	Time Follow	2510.43
	(b) Cash on Hand at Beginning of Reporting Period	48879.19	
	(c) Total Receipts (from Line 19)	0.00	410952.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48879.19	413462.43
7.	Total Disbursements (from Line 31)	1808.88	366392.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47070.31	47070.31
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	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

	eport Covering the Period: From: 11	COLUMN A	12 31 2018 COLUMN B			
	I. Receipts	Total This Period	Calendar Year-to-Date			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	0.00	378700.00			
	(ii) Unitemized(iii) TOTAL (add	0.00	3752.00			
	Lines 11(a)(i) and (ii)	0.00	382452.00			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	0.00	382452.00			
12.	Transfers From Affiliated/Other 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			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts (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),					
10.	12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	410952.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	410952.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Tour to Date
(i) Federal Share	0.00	0.00
(i) New Feetensk Oberes	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	1808.88	25661.49
(c) Total Operating Expenditures		05004.4
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	1808.88	25661.49
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	340730.63
Coordinated Party Expenditures	0.00	340730.03
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	1 1 1 1 1 1 1 1 1
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including	,	
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
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))	1808.88	366392.12
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1808.88	266202.42
	1000.00	366392.12

34. Total Contribution Refunds

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 0.00 382452.00 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 0.00 382452.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1808.88 25661.49 (add Line 21(a)(i) and Line 21(b))▶ 0.00 0.00 (from Line 15, page 3)..... 1808.88 25661.49 (subtract Line 37 from Line 36)

ľ

SCHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 33				
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the commercial purposes.							
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	ES PAC						
Full Name (Last, First, Middle Initial) A. C&H Financial Services				Date of Disbursement			
Mailing Address 1 Westbrook Corporate Center Ste 300				12 03 2018			
City Westchester Purpose of Disbursement	State IL	Zip Code 60154		FEC Identification Number			
Web Services Fees Candidate Name			0.10.00.0	C C00587022 Transaction ID : SB21B.5701			
	ES PAC ement For: 2	2020	Category/ Type	Amount of Each Disbursement this Period 50.85			
Senate	President Other (specify) ▼						
Full Name (Last, First, Middle Initial) B. C&H Financial Services		Date of Disbursement					
Mailing Address 1 Westbrook Corporate Center Ste 300		12 11 2018					
City Westchester Purpose of Disbursement	State IL	Zip Code 60154		FEC Identification Number			
Web Services Fees Candidate Name			Category/	C C00587022 Transaction ID : SB21B.5702 Amount of Each Disbursement this Period			
Office Sought: House Senate President State: District:	Туре	20.00 Memo Item					
Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement					
Mailing Address 1 Hacker Way				11 30 2018			
City Menlo Park Purpose of Disbursement	State CA	Zip Code 94025		FEC Identification Number			
Social Media Candidate Name COURAGEOUS CONSERVATIVE	Category/ Type	C C00587022 Transaction ID : SB21B.5706 Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate	ement For: 2 Primary	2020 General		568.03			

17

SCHEDULE B (FEC Form 3X)	Lisa saparata schodula(s) FOR LINE N				NOMBER.					F 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the (check only one)							7.07		
		Summary Page	X 21		, -	23 28c	26 29		27 30b	
Any information copied from such Departs and Chateren	onte mou :	not he cold or						ing as		one
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									
<u>/</u>										
Full Name (Last, First, Middle Initial) A. Saligram & Associates				Date	of Di	ishurser	ment			
7 Saligraffi & Associates					Date of Disbursement					V
Mailing Address 4020 Amyington Dr		12		20			018			
		1								
,	State NC	Zip Code 28226		FEC	Ident	ification	Numb	er		
Purpose of Disbursement		20220		С	CO	058702	2			
Fundraising Commission						action I		21 D 5	704	
Candidate Name			Category/	- 1		Each [eriod
COURAGEOUS CONSERVATIVES			Туре						1140.00	
	nent For: 2 Primary	2020 ∡ General			1140.00					
	Other (spec	Ιп.	Memo Item							
State: District:		2,			viemo	item				
Full Name (Last, First, Middle Initial)										
B. Wells Fargo				Date	Date of Disbursement					
Mailing Address Rt. 70				_	12 20 2018					Y
Mailing Address Rt. 70					2	20			010	
City	State	Zip Code		FEC	Ident	ification	Numb	er		
Medford	NJ	08055								
Purpose of Disbursement Bank Fees				C	C C00587022					
Candidate Name			Cotogony	- 1		action I	_	-		oriod
COURAGEOUS CONSERVATIVE	S PAC		Category/ Type	Amor	arit Oi	Each	Jisbuis	emen	t tills F	enou
	nent For: 2	2018		7 L.		-			30.00)
	Primary General Other (specify)					,	,			
President State: District:		1	Ието	Item						
Full Name (Last, First, Middle Initial)										
C.				Date	of D	isburser	nent			
				M	M /	D	D /	Y Y	Y	Υ
Mailing Address							_			
City	State	Zip Code								
				FEC	ıdent	ification	Numb	er	_	
Purpose of Disbursement										
Condidate Name										
Candidate Name Category/ Type						Each [Disburs	emen	t this P	eriod
Office Sought: House Disbursen	nent For:		1306							
	Primary	General		1			-		- 40	
	Other (spec	cify) ▼			Лето	Item				
State: District:										
CURTOTAL of Dishumananta This Days (anti-									1170.0	0
SUBTOTAL of Disbursements This Page (optional)			······		=	7		-	5.0	-
TOTAL This Period (last page this line number only).									1808.8	8

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

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		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4280
COURAGEOUS CONSERVATIVE	S PAC	
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N ☐ Memo Item Election:
Ekstrom, Crinstopher, , ,		Primary General
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Paym	ent To Date Balance Outstanding at Close of This Period
		
12000.00		0.00 12000.00
TERMS Date Incurred	Dat	e Due Interest Rate Secured:
M 10	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		12000.00
FOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	ine. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4281
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) TOTALS This Period (last page in this line onl		1300.00
		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	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 M11 / D17 / Y 2015	D D D	ate Due Interest Rate Secured: / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 (optio	nal)	30000.00
TOTALS This Period (last page in this line	only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3	Schedule D for this	s line. If no Schedule D. carry forward to appropriate line of Summary

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

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			Detailed Sulfilliary Fage FOR LINE 13 OF FOR	IIVI 3X				
AME OF COMMITTEE (In Full) COURAGEOUS CONSER	\/ ∆ TI\/F	S PAC	Transaction ID: SC/10.4404					
	. v / . I I V E							
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N ☐ Memo Item					
Mailing Address 25 Highland Park	Village		General Other (specify) ▼					
Suite 100	village							
City		State	ZIP Code					
Dallas		TX	75205					
Original Amount of Loan		Cumulative Pay		nis Period				
	00.00		0.00 6500	-				
TERMS			nto Due Interest Data Congred					
Date Incurred M 01	6	M = M / D = D	te Due Interest Rate Secured: Y 11/8/16 0.00 % (apr) Yes					
List All Endorsers or Guarantor	s (if any)	to Loan Source						
1. Full Name (Last, First, Middle			Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle	Initial)		Name of Employer	Name of Employer				
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle	Initial)		Name of Employer	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	e (optional)		6500	0.00				
OTALS This Period (last page in t	his 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 Su	ımmarv.				

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

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		Detailed Summary Fage FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVI	ES PAC	Transaction ID: SC/10.4405
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100 City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
01 / 22 / 2016	M = M / D = D	11/8/16 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	•	2000.00
TOTALS This Period (last page in this line or		
Carry outstanging palance only to LINE 3. So	cneaule 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 CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4406
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	liddle Initial)	N
Mailing Address 25 Highland Par Suite 100	k Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	000.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 8000.00
Date Incurred Mo1 / 25 / 20		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, Middle		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	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	this line on	ly)	
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

AME OF COMMITTEE (IN FU	,	S PAC	Transaction ID : SC/10.4500
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	8500.00	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 8500.00
Date Incurre	2016 Y	M = M / D = I	Date Due Interest Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First, Marchael)	, ,,,	to Loan Source	Name of Employer
,			
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, N	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:
CUBTOTALS This Period This			3300.00
	nly to LINE 3, Sc	hedule D, for th	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

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 Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment 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 Initial)			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)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4555 **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 10000.00 10000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 18 03 2016 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)..... 10000.00 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.

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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/10.4892		
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item		
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼		
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative 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 an	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	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3	Schedule D. for this	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/10.4891		
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		
6000.00		0.00 6000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M ₀₇ / l ₁ / Y 2016	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding halance only to LINE 3.5	Schedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary		

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

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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 (optional)				
FOTALS 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 Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.4934
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N
Mailing Address 25 Highland Park Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan Cumulative Payment 9500.00			ment To Date Balance Outstanding at Close of This Period 0.00 9500.00
Date Incurred M 09 19 2010		M M / D D	ate Due Interest Rate Secured: 12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle		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 TOTALS This Period (last page in the			3300.00
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

		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 (optional)				
FOTALS 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/10.4995		
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 Pay	ment To Date Balance Outstanding at Close of This Period		
12500.00		0.00 12500.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:		
M 08 / D 07 / 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)				
TOTALS This Period (last page in this line onl				
carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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			Detailed Sulfilliary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSER	?\/ATI\/F	S PAC	Transaction ID: SC/10.4996
	· · · · · · · · · · · · · · · · · · ·	-01 AC	
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	Memo Item Election: Primary
Mailing Address 25 Highland Park	/ Village		General Other (specify) ▼
Suite 100	Village		
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
	300.00	4	0.00 300.00
TERMS Date Incurred		D	late Due Interest Rate Secured:
	Ť Y	M = M / D = D	12/31/2021 0.00 % (apr) Yes X No
List All Endorsers or Guaranto	rs (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	e (optional)		300.00
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 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 (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N ☐ Memo Item	
Mailing Address 25 Highland Park Suite 100	Village		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 (optional)				
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		
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)				
Carry outstanding balance only to LINE 3. Sci	nedule D. tor 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) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.5091
LOAN SOURCE Full Name (Last, First, Middle Initial) 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 Payment 750.00			ment To Date Balance Outstanding at Close of This Period 0.00 750.00
			ate Due Interest Rate Secured: 12/31/2022 0.00 % (apr) Yes X No
List All Endorsers or Guarantor 1. Full Name (Last, First, Middle		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 FOTALS This Period (last page in the	his line on	ly))
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.

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVI	ES PAC	Transaction ID: SC/10.5104
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	fiddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100	Ctats	ZID Code
		ZIP Code
Original Amount of Loan	Cumulative Pay	
22185.00	Cumulative ray	0.00 22185.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
Date incurred M 12		interest Hate Secured: 12/31/2021 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		, 22103.00
TOTALS This Period (last page in this line or		
Carry outstanging palance only to LINE 3. So	ineaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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		TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	/ES PAC	Transaction ID: SC/10.5102
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
		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:
M 12	M = M / D = D	/ 12/31/2021 0.00
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 (option:	al)	5000.00
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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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 112" 112" 2017 112" 10.00 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	CE 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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			Detailed Suffillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSEI	R\/ATI\/F	S PAC	Transaction ID: SC/10.5146
DOUNAGEOUS CONSE	IVAIIVL	.51 AC	
LOAN SOURCE Full Name (L Ekstrom, Christopher, , ,	ast, First, M	iddle Initial)	Memo Item Election: Primary
Mailing Address and the second			General Other (specify) ▼
Mailing Address 25 Highland Par	rk Village		Other (specify) •
Suite 100		State	ZIP Code
Oity		State	Zii Gode
Dallas		TX	75205
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7 7	500.00	4	0.00 500.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M M / D D / Y Y	18	M = M / D = D	12/31/2025 0.00 % (apr) Yes ✗ No
List All Endorsers or Guaranto	ors (if any)	to Loan Source	
1. Full Name (Last, First, Middle			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	e Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	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 Pag	ge (optional)		500.00
OTALS This Period (last page in	this line on	y)	······································
	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

		Potation outlinery rago Port Elive 15 of Portion 5X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVAT	TIVES PAC	Transaction ID : SC/10.5187
LOAN SOURCE Full Name (Last, Fire Ekstrom, Christopher, , ,	st, Middle Initial)	N
Mailing Address 25 Highland Park Villag Suite 100	e	Other (specify) ▼
City	State	ZIP Code
		75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
22000.00		0.00 22000.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 05 M / D 11 D / Y 2018	M M / D D	12/31/2022 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a		Name of Familian
1. Full Name (Last, First, Middle Initial))	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial))	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial))	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	
TOTALS This Period (last page in this lin	e 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 CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.5243
LOAN SOURCE Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			N ☐ Memo Item
Mailing Address 25 Highland Par Suite 100	rk Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan		Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
6000.00			0.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 06 / D 08 / Y 20	18 Y	M M / D D	/ 12/31/2020
List All Endorsers or Guaranto	ors (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 Paç	ge (optional)		6000.00
TOTALS This Period (last page in	this line on	ly)	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.