FEC FORM 3X

## **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF <b>TYP</b> COMMITTEE (in full)	e or print ▼		ole: If typin ne lines.	ng, type	12FE4M5		
		C					
ADDRESS (number and street)	509 NW TIFFANY SF	PRINGS PKWY					
Check if different							
reported. (ACC)						64153 -	
2. FEC IDENTIFICATION NUMB	ER ▼	CITY 🔺		S		ZIP CO	DE 🔺
C C00587022		3. IS THIS REPORT		IEW N) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT ( (Choose One)	b) Monthly Report	Feb 20 (M2)	Ν	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	J	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	(c) 12-Day PRE-Election		imary (12P	)	General (	(12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the	he: Co	onvention (	12C)	Special (	12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	E	lection on	M M /	D D /	Y Y Y Y Y	in the State o	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Electi		eneral (30G	à)	Runoff (3	iOR)	Special (30S)
Termination Report (TER)	Report for the		M M /	D - D /	Y Y Y Y	in the	
	E	lection on				State o	f
5. Covering Period		016	through	01	/ D D / 31	y y y y 2016	
I certify that I have examined this Re	eport and to the be	est of my knowle	dge and b	pelief it is true	e, correct and	d complete.	
Type or Print Name of Treasurer Ja	ames C Thomas III						
Signature of Treasurer	homas III	[El	lectronically	Filed] Da	ate 02	/ D D / 18	2016
NOTE: Submission of false, erroneous,	or incomplete inform	mation may subje	ect the pers	son signing thi	s Report to th	ne penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

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## SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
COURAGEOUS CONSERVATI	VES PAC	
Report Covering the Period: From:	01 01 / Y Y Y Y 01 01 To:	01 / Y Y Y 01 31 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		7118.24
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		94500.00
<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>		101618.24
7. Total Disbursements (from Line 31)		96461.97
<ol> <li>Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</li> </ol>		5156.27
<ol> <li>Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>		
<ol> <li>Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	91500.00	

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

#### For further information contact:

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

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

I	004000		400004
imade#	201004	2189008	3483924

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

94500.00

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### COURAGEOUS CONSERVATIVES PAC

Report Covering the Period: From: 01		To: 01 / 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	60000.00	60000.00
(i) Itemized (use Schedule A)	00000.00	
(ii) Unitomized	0.00	0.00
(ii) Unitemized (iii) TOTAL (add	0.00	
Lines 11(a)(i) and (ii)	60000.00	60000.00
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	60000.00	60000.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	34500.00	34500.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	/7 /7 /*
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		, , , , , , , , , , , , , , , , , , , ,
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	94500.00	94500.00
Total Federal Receipts		

94500.00

(subtract Line 18(c) from Line 19) ......►

I

#### DETAILED SUMMARY PAGE

of Disbursements

	EC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A	ting Expenditures: Ilocated Federal/Non-Federal ctivity (from Schedule H4)		
(i		0.00	0.00
(i	i) Non-Federal Share	0.00	0.00
	Other Federal Operating	3227.70	3227.70
(c) T	otal Operating Expenditures		
	add 21(a)(i), (a)(ii), and (b)) ► fers to Affiliated/Other Party	3227.70	3227.70
Contri	nittees butions to	0.00	0.00
and C	al Candidates/Committees other Political Committees	0.00	0.00
-	endent Expenditures Schedule E) inated Party Expenditures	93234.27	93234.27
Coord (2 U.S (use S	inated Party Expenditures S.C. §441a(d)) Schedule F)	0.00	0.00
Loan	Repayments Made	0.00	0.00
Loans	Made	0.00	0.00
(a) Ir	ds of Contributions To: ndividuals/Persons Other han Political Committees	0.00	0.00
(b) P	olitical Party Committees	0.00	0.00
(c) C	Other Political Committees		
(9	such as PACs)	0.00	0.00
· /	otal Contribution Refunds add Lines 28(a), (b), and (c))▶	0.00	0.00
Other	Disbursements	0.00	0.00
(a) A	al Election Activity (2 U.S.C. §431(20)) Illocated Federal Election Activity		
	rom Schedule H6) ) Federal Share	0.00	0.00
	i) "Levin" Share ederal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	otal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	Disbursements (add Lines 21(c), 22, 4, 25, 26, 27, 28(d), 29 and 30(c))	96461.97	96461.9
	Federal Disbursements act Line 21(a)(ii) and Line 30(a)(ii)		
	_ine 31) ►	96461.97	96461.97

L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	60000.00	60000.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60000.00	60000.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	3227.70	3227.70
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	3227.70	3227.70

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

18

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11k		11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using			for the		pose	e of :	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVA	TIVES PAC	>							
Full Name (Last, First, Middle Initial)         A.         Stan Herzog         Mailing Address P O Box 1089         City         St Joseph         FEC ID number of contributing federal political committee.         Name of Employer         Herzog Construction         Receipt For:         Primary       General         Other (specify) ▼	State MO C Occupation Executive Aggregate	Zip Code 65201 Year-to-Date ▼ 60000.00		act	ion	15 ID:	SA11AI.	2016 . <b>4403</b> nis Period 60000	
Full Name (Last, First, Middle Initial) <b>B.</b> Mailing Address			Date o	f Re	eceip		/ Y	Y Y	Y
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: ☐ Primary ☐ General Other (specify) ▼	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Amoun	t of	Eac	ch Re	eceipt th	nis Period	
Full Name (Last, First, Middle Initial)         C.         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amoun	/	D	D D		nis Period	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		· · · · · · · · · · · · · · · · · · ·			7		- 7	60000 60000	

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7

OF

18

			Detailed Summary Page		11a		11b	11c		12				
Ar	y information copied from such Reports and	Statements ma	y not be sold or used by any pe		X 13 for the		14 rpose of	15 soliciting	co	16 ntribut		17		
or	for commercial purposes, other than using th	e name and a	ddress of any political committee	to s	olicit co	ontri	butions f	from such		mmitte	ee.			
$\setminus$	NAME OF COMMITTEE (In Full)		_											
	COURAGEOUS CONSERVAT	IVES PAG	)											
Α.	Full Name (Last, First, Middle Initial) Christopher Ekstrom				Date o	of R	eceipt							
	Mailing Address 25 Highland Park Village				M	Л	/ D D	) / Y	Y	Y	Y			
	Suite 100				01		05		2	016				
	City	State TX	Zip Code	_				SA13.44	-					
	Dallas	1.	75205	_	Amour	nt o	f Each R	leceipt th	is F	'eriod				
	FEC ID number of contributing federal political committee.	С					7		_	6500	.00			
	Name of Employer	Occupation	l		Deman	d Lo	ban							
	Self-employed	Investor												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		6500.00											
	Other (specify)		00000											
в.	Full Name (Last, First, Middle Initial) Christopher Ekstrom	1			Date o	of R	eceipt							
	Mailing Address 25 Highland Park Village Suite 100				01	1	/ 0 0	) / Y		) 16	Y			
	City	State	Zip Code		Tran	sac	tion ID :	SA13.44	05					
	Dallas	ΤX	75205		Amour	nt o	f Each R	Receipt thi	is F	'eriod				
	FEC ID number of contributing federal political committee.	С		20000.00										
	Name of Employer	Occupation	1	-  I	Demano	d Lo	ban							
	Self-employed	Investor												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		26500.00	1										
— c.	Full Name (Last, First, Middle Initial) Christopher Ekstrom				Date of	of R	eceipt							
	Mailing Address 25 Highland Park Village				M N	Л	/	) / Y		Y Y	Y			
	Suite 100	State	Zip Code		01 Tran	620	25	SA13.44		016	-			
	Dallas	ТХ	75205					Receipt thi		eriod				
	FEC ID number of contributing federal political committee.	С								8000	.00			
	Name of Employer	ne of Employer Occupation												
	Self-employed	Investor												
	Receipt For:		Year-to-Date ▼	$\neg$										
	Primary General	riggrogato												
	Other (specify) <b>v</b>		34500.00											
					_	_						_		
s	UBTOTAL of Receipts This Page (optional)		•••••••	•			7		3	84500.	00			

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

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34500.00

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF							OF	18				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck only one)											
			Summary Page		×	21b 27		22 28a	$\vdash$	23 28b		24 28c		25 29		26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam					y person for the purpose of soliciting contribution										
	NAME OF COMMITTEE (In Full)	_														
		S PAC														
Α.	Full Name (Last, First, Middle Initial) Law Office of James C Thomas III							Date of	Dis	sburse	eme	ent				
								M M	/	D	D	/	Y	Y	Y	
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300							01		1	12		2	016	_	
		State	Zip Code					Trans	acti	on ID	):8	SB21B	440	9		
	Purpose of Disbursement Legal Service			0	01	٦		Amount	of	Each	Di	sburse	men	t this	Perio	bd
		0.04.0		Cate						-				254	9.70	
	COURAGEOUS CONSERVATIVE	S PAC	2016	Ty	ype				-	7	-		-	204	5.10	
	Senate X President	Primary Other (spe	General													
	State: District:															
B.	Full Name (Last, First, Middle Initial)						r	Date of	Dis	sburse	eme	ent				
								M M	/	D			Y	Y	Y	
	Mailing Address 13 Parkway West							01		2	26		2	016		
	City S Caldwell	State NJ	Zip Code 07006					Trans	acti	ion ID	): S	SB21B	.441	7		
	Purpose of Disbursement Web Design/Social Media				001	-		Amount	of	Each	Dia	churco	mon	t thic	Porio	od.
	Candidate Name			Cate		n/		Amount	01	Lacii	Di	spuise	nen		Feno	Ju
	COURAGEOUS CONSERVATIVE				ype					7	_	7		50	0.00	
		nent For: Primary	2016 General													
		Other (spe														
	State: District:		•													
C.	Full Name (Last, First, Middle Initial)							Date of	Die	bure	ome	ont				
0.									Dic	D			Y	Y	Y	
	Mailing Address								ľ	Ľ					_	
	City	State	Zip Code													
	Purpose of Disbursement											<b>_</b> .				
	Candidate Name			Cate Ty	Amount of Each Disbursement this ategory/ Type						Perio	od				
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼													
								_	_	_	_		-	_	_	_
s	UBTOTAL of Disbursements This Page (optional)					•				7	_			3049	9.70	
L-	OTAL This Period (last page this line number anti-)						ĺ			-				304	9.70	
Ľ	OTAL This Period (last page this line number only)			·····						7		- 7				

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

FOR LINE 13 OF FORM 3X

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PAGE

OF 18

	Detailed Summary Page
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC	Transaction ID : SC/10.4280
LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Ekstrom	Election: Primary General
Mailing Address 25 Highland Park Village Suite 100	Other (specify)
City Dallas State TX ZIP	Code 75205
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
12000.00	0.00 12000.00
TERMS	hun Internet Data Conjuradi
Date Incurred Date D	
10 21 2015	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
	Amount
City State ZIP Code	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 line.	. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	Γ
Detailed Commences Dama	L

OF 18 FOR LINE 13 OF FORM 3X

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		Detailed Summary Page	FOR LINE 13 OF FORM 3A
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	-S PAC	Tran	saction ID : SC/10.4281
LOAN SOURCE Full Name (Last, First, M Christopher Ekstrom	iddle Initial)		Election: Primary General
Mailing Address 25 Highland Park Village Suite 100			Other (specify)
City Dallas	State TX ZIP Cod	de 75205	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
15000.00	7 7 7	0.00	15000.00
TERMS         Date Incurred           11         05         2015	Date Due	Interest Rate	e Secured:
List All Endorsers or Guarantors (if any)	to Loan Source		/o (api)
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 y 1 y 1 y 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	A
SUBTOTALS This Period This Page (optional)			
TOTALS 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 forw	vard to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Datallad Community Date	

OF 18 FOR LINE 13 OF FORM 3X

11

		Detailed Summary	/ Page		0 01 1 011	
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC		Transact	tion ID : SC/10.42	283	
LOAN SOURCE Full Name (Last, First, Mic Christopher Ekstrom	ddle Initial)			ection: Primary General		
Mailing Address 25 Highland Park Village Suite 100				Other (specify)	•	
City Dallas	State TX ZIP Cod	de 75205				
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at C	Close of Th	is Period
30000.00		0.00			30000	.00
TERMS	Data Data	la terre e	. D.L.		0	
Date Incurred	Date Due		st Rate	<b>%</b> (apr)	Secured:	X No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	7			
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				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only	y)	····· ►		7 7		
Carry outstanding balance only to LINE 3, Sci	hedule D, for this line. If	no Schedule D, carr	y forward	l to appropriate	line of Su	mmary.

Use separate schedule(s)	
for each category of the	ſ
Detailed Commences Deep	L

OF 18 FOR LINE 13 OF FORM 3X

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		Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES F	PAC	Tra	nsaction ID : SC/10.4404
<b>LOAN SOURCE</b> Full Name (Last, First, Middle Christopher Ekstrom	Initial)		Election: Primary General
Mailing Address 25 Highland Park Village Suite 100			Other (specify)
City Dallas Sta	te TX ZIP Code	, 75205	
Original Amount of Loan Cu	imulative Payment To D	ate Bal	lance Outstanding at Close of This Period
6500.00		0.00	6500.00
TERMS Date Incurred	Date Due	Interest Rat	te Secured:
	/ D D / Y Y 11	/8/16 0.0	0 Yes X No
List All Endorsers or Guarantors (if any) to Lo	an Source		
1. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
City State Z	IP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	(	Occupation	
City State Z	IP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
	IP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
City State Z	IP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		······	6500.00
TOTALS This Period (last page in this line only)			· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no	Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s)
for each category of the

OF 18 FOR LINE 13 OF FORM 3X

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	Detailed Summary Page			
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAG	Transaction ID : SC/10.4405			
LOAN SOURCE Full Name (Last, First, Middle Init Christopher Ekstrom	tial) Election: Primary General			
Mailing Address 25 Highland Park Village Suite 100	Other (specify)			
City Dallas State	TX ZIP Code 75205			
Original Amount of Loan Cumu	ulative Payment To Date Balance Outstanding at Close of This Period			
20000.00	0.00 20000.00			
TERMS Date Incurred	Date Due Interest Rate Secured:			
01 / 22 / Y Y Y M M	/ D D / Y Y Y Y O.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			
	Amount			
City State ZIP	Code Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP	Amount Code Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Code Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP	Amount       Code     Guaranteed       Outstanding:     , , , , , , , , , , , , , , , , , , ,			
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule I	D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s)	
for each category of the	

14 OF 18 FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3A
NAME OF COMMITTEE (In Full)		Trans	action ID : SC/10.4406
COURAGEOUS CONSERVATIVE	S PAC		
<b>LOAN SOURCE</b> Full Name (Last, First, Mi Christopher Ekstrom	iddle Initial)		Election: Primary General
Mailing Address 25 Highland Park Village Suite 100			Other (specify)
City Dallas	State TX ZIP Co	de 75205	
Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
8000.00		0.00	8000.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 01 / 25 / 2016	M M / D D / Y	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:	л. н. н. н. н. н. н. д. н. н. д. н. н. н. н.
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	<u>у г у г у т у т</u>
SUBTOTALS This Period This Page (optional)			8000.00
TOTALS This Period (last page in this line on	ly)	······ .	91500.00
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry forw	ard to appropriate line of Summary.

116	EMIZED INDEPENDENT EXPENDITORES		PAGE 15 OF 18 FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
C	OURAGEOUS CONSERVATIVES PAC		
			C C00587022
Ch	eck if 24-hour report 48-hour report New report	ort Amends report	t filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mountaintop Media		01 D D / Y Y Y Y 01 06 2016
	Mailing Address P O Box 297		Amount
	City State	Zip Code	3545.32
	Rodanthe NC	27968	Transaction ID : SE.4256
	Purpose of Expenditure		Date of Disbursement or Obligation
	Media buy	Category/ Type 004	01 / D D / Y Y Y Y 01 05 / 2016
	Name of Federal Candidate	X Support	Office Sought: House District: 00
	Ted Cruz	Oppose	President Senate State: IA
	Calendar Year-To-Date		Disbursement For: X Primary General
	Per Election for Office Sought	5345.32	Other (specify)
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mountaintop Media		01 06 / Y Y Y Y 01 06 2016
	Mailing Address P O Box 297		Amount
			Amount
		Zip Code	2052.55
	Rodanthe NC	27968	Transaction ID : SE.4257 Date of Disbursement or Obligation
	Purpose of Expenditure Media Buy	Category/ Type 004	M M / D D / Y Y Y Y 01 05 2016
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Marco Rubio	X Oppose	President Senate State: IA
	Calendar Year-To-Date		Disbursement For: X Primary General
	Per Election for Office Sought	5597.87	2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		5597.87
	(b) SUBTOTAL of Unitemized Independent Expenditures		▶ <u>• • • • • • • • • • • • • • • • • • •</u>
	(c) TOTAL Independent Expenditures		A A A A A A A A A A A A A A A A A
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	James C Thomas III [Electroni	cally Filed] Date	02 18 / Y Y Y Y 02 18 2016
	Signature		

116	EMIZED INDEPENDENT EXPENDITORES			PAGE 16 OF 18 FOR LINE 24 OF FORM 3X				
NA	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER V				
C	COURAGEOUS CONSERVATIVES PAC							
			C	C00587022				
Check if 24-hour report 48-hour report New report Amends report filed on / Y Y Y Y Y								
	Full Name of Payee		Date of Publi	ic Distribution/Dissemination				
	Mountaintop Media		01	/ D D / Y Y Y Y 16 2016				
	Mailing Address P O Box 297		Amount					
	City State Zip Code		37315.48					
	Rodanthe NC 27968		Transaction II	D : SE.4309 ursement or Obligation				
	Purpose of Expenditure Category/ Media Buy Type	004		/ D D / Y Y Y Y 15 / 2016				
	Name of Federal Candidate	Support	Office Sought:	House District: 00				
		Oppose	X President	Senate State: <u>NH</u>				
	Calendar Year-To-Date Per Election for Office Sought 37315.48		Disbursement For: 2016	Primary General				
			Other (sp					
	Full Name of Payee Mountaintop Media		Date of Publi	ic Distribution/Dissemination				
	Mailing Address P O Box 297	01	01 16 2016					
			Amount					
	City State Zip Code			21603.70				
	Rodanthe NC 27968		Transaction II Date of Disb	D : SE.4310 ursement or Obligation				
	Purpose of Expenditure Category/ Media Buy Type	004	M 01	/ D D / Y Y Y Y 15 / 2016				
	Name of Federal Candidate	Support	Office Sought:	House District:00				
	Marco Rubio	Oppose	X President	Senate State: <u>NH</u>				
	Calendar Year-To-Date Per Election for Office Sought	3	Disbursement For: 2016 Other (s	✓   Primary   General     pecify) ►				
	(a) SUBTOTAL of Itemized Independent Expenditures		►	58919.18				
(b) SUBTOTAL of Unitemized Independent Expenditures								
	(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	James C Thomas III [Electronically Filed]	Date	02 / 18	/ 2016				
	Signature	Dale						

116	MIZED INDEPENDENT EXPENDITORES		PAGE 17 OF 18 FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full)								
C	OURAGEOUS CONSERVATIVES PAC	C C00587022						
			0 00030022					
Check if 24-hour report 48-hour report New report Amends report filed on / Y Y Y Y Y								
	Full Name of Payee		Date of Public Distribution/Dissemination					
	Mountaintop Media		01 25 2016					
	Mailing Address P O Box 297		Amount					
	City State	Zip Code	19376.29					
	Rodanthe NC	27968	Transaction ID : SE.4315 Date of Disbursement or Obligation					
	Purpose of Expenditure Media Buy	Category/ Type 004	01 / D D / Y Y Y Y 2016 2016					
	Name of Federal Candidate	Support O	Office Sought: House District: 00					
	Ted Cruz	Oppose	President Senate State: IA					
	Calendar Year-To-Date Per Election for Office Sought		visbursement For: X Primary General 016 Other (specify) ►					
	Full Name of Payee		Date of Public Distribution/Dissemination					
	Mountaintop Media		01 25 2016					
	Mailing Address P O Box 297		Amount					
	City State Rodanthe NC	Zip Code 27968	1683.00 Transaction ID : SE.4316					
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation					
	Media Production	Type 004	01 26 2016					
	Name of Federal Candidate	X Support C	Office Sought: House District: 00					
	Ted Cruz	Oppose	President Senate State: IA					
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:					
	(a) SUBTOTAL of Itemized Independent Expenditures	••••••	21059.29					
(b) SUBTOTAL of Unitemized Independent Expenditures								
	(c) TOTAL Independent Expenditures	•						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.								
	James C Thomas III [Electron	nically Filed] Date	02 18 2016					
	Signature							

116	IMIZED INDEPENDENT EXPEND	TIURES			PAGE 18 OF 18 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)									
C	OURAGEOUS CONSERVAT		C C00587022						
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report									
	Full Name of Payee			I	Date of Public Distribution/Dissemination				
	Mountaintop Media				01 / 25 / 2016				
	Mailing Address P O Box 297			,	Amount				
	City	State	Zip Code		7045.93				
	Rodanthe	NC	27968		ansaction ID : SE.4319 Date of Disbursement or Obligation				
	Purpose of Expenditure Media Buy		Category/ Type 004		$ \begin{array}{c c} M & M \\ \hline 01 \\ \hline 1 \\ \hline 26 \\ \hline 2016 \\ \hline 1 \\ 1 \\$				
	Name of Federal Candidate		Support	Office S	Sought: House District: 00				
	DONALD J TRUMP		X Oppose		President Senate State: IA				
	Calendar Year-To-Date Per Election for Office Sought		33703.09	Disburs 2016	ement For: X Primary General Other (specify) ►				
	Full Name of Payee				Date of Public Distribution/Dissemination				
	Mountaintop Media								
	Mailing Address P O Box 297				01 25 2016				
	F O D0X 297				Amount				
	City	State	Zip Code		612.00				
	Rodanthe	NC	27968		ransaction ID : SE.4320 Date of Disbursement or Obligation				
	Purpose of Expenditure Media Production		Category/ 004		M M / D D / Y Y Y Y				
			Туре		01 26 2016				
	Name of Federal Candidate		Support	Office S	Sought: House District: 00				
	DONALD J TRUMP		X Oppose	XF	President Senate State: IA				
	Calendar Year-To-Date		34315.09	Disburs 2016	ement For: X Primary General				
	Per Election for Office Sought		34313.09	2010	Other (specify) ►				
	(a) SUBTOTAL of Itemized Independent E	Expenditures			7657.93				
(b) SUBTOTAL of Unitemized Independent Expenditures									
	(c) TOTAL Independent Expenditures				93234.27				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.									
	James C Thomas III	(FT)	inglly Filadi	M					
	Signature		<i>uically Filed]</i> Date	e 02	18 2016				