



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**COURAGEOUS CONSERVATIVES PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="47070.31"/>	<input type="text" value="47070.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47070.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12502.50"/>	<input type="text" value="12502.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59572.81"/>	<input type="text" value="59572.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30895.01"/>	<input type="text" value="30895.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28677.80"/>	<input type="text" value="28677.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="294251.32"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**COURAGEOUS CONSERVATIVES PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	0.00
(ii) Unitemized .....	1533.00	1533.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1533.00	1533.00
(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) .....	1533.00	1533.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	10969.50	10969.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12502.50	12502.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12502.50	12502.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15034.79	15034.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15034.79	15034.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	15860.22	15860.22
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. 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 Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30895.01	30895.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30895.01	30895.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1533.00	1533.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1533.00	1533.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15034.79	15034.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10969.50	10969.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4065.29	4065.29

**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 6 OF 37
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**COURAGEOUS CONSERVATIVES PAC**

**A. Atlantic Media**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address Box 297

City Rodanthe	State NC	Zip Code 27968
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8269.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2019

**Transaction ID : SA15.5727**

Amount of Each Receipt this Period  
8269.50

Memo Item  
Ad Buy Refund

**B. Atlantic Media**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address Box 297

City Rodanthe	State NC	Zip Code 27968
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10969.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

**Transaction ID : SA15.5738**

Amount of Each Receipt this Period  
2700.00

Memo Item  
Refund Media Buy

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10969.50
<b>TOTAL</b> This Period (last page this line number only).....	10969.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**COURAGEOUS CONSERVATIVES PAC**

Full Name (Last, First, Middle Initial) <b>A. American Campaign Services, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address 5830 E 2nd St Ste 8		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.5834</b> Amount of Each Disbursement this Period 794.09
City Casper	State WY	
Zip Code 82609		Memo Item <input type="checkbox"/>
Purpose of Disbursement Email Send Fees		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Atlantic Media</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address Box 297		FEC Identification Number <b>C</b> C00587022 <b>Transaction ID : SB21B.5739</b> Amount of Each Disbursement this Period 11088.00
City Rodanthe	State NC	
Zip Code 27968		Memo Item <input type="checkbox"/>
Purpose of Disbursement Polling		
Candidate Name <b>COURAGEOUS CONSERVATIVES PAC</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Atlantic Media</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address Box 297		FEC Identification Number <b>C</b> C00587022 <b>Transaction ID : SB21B.5740</b> Amount of Each Disbursement this Period 80.00
City Rodanthe	State NC	
Zip Code 27968		Memo Item <input type="checkbox"/>
Purpose of Disbursement Website Services		
Candidate Name <b>COURAGEOUS CONSERVATIVES PAC</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11962.09

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**COURAGEOUS CONSERVATIVES PAC**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Social Media Advertising

Candidate Name  
**COURAGEOUS CONSERVATIVES PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2019

FEC Identification Number

**C** C00587022

**Transaction ID : SB21B.5737**

Amount of Each Disbursement this Period

202.76

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hawks, Brandon, , ,**

Mailing Address PO Box 402

City Sparta State NC Zip Code 28675

Purpose of Disbursement  
Social Media Consulting

Candidate Name  
**COURAGEOUS CONSERVATIVES PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2019

FEC Identification Number

**C** C00587022

**Transaction ID : SB21B.5730**

Amount of Each Disbursement this Period

2515.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2717.76

14679.85



**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4280**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
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**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 21 / 2015	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	12000.00
<b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4281**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 11 / 05 / 2015	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 15000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4283**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 11 / 17 / 2015	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 30000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4404**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 6500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6500.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 01 / 05 / 2016	Date Due MM / DD / YYYY 11/8/16	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 6500.00
<b>TOTALS</b> 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.		

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4405**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 01 / 22 / 2016	MM / DD / YYYY 11/8/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	20000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4406**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 01 / 25 / 2016	Date Due MM / DD / YYYY 11/8/16	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]		

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	8000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4500**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 02 / 03 / 2016	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	8500.00
<b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4505**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 02 / 12 / 2016	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 30000.00
<b>TOTALS</b> 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.



SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4510**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17000.00	0.00	17000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 02 / 22 / 2016	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	17000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4555**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 03 / 18 / 2016	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 10000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4892**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 4567.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4567.89
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 07 / 01 / 2016	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 4567.89
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4891**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 07 / 11 / 2016	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 6000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4918**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 10013.46	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10013.46
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 08 / 04 / 2016	Date Due MM / DD / YYYY 12/31/2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]		

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 10013.46
<b>TOTALS</b> 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.		

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4934**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 9500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9500.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 09 / 19 / 2016	Date Due MM / DD / YYYY 12/31/2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]		

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 9500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4948**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15420.00	0.00	15420.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 11 / 16 / 2016	MM / DD / YYYY 12/31/2020	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	15420.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4995**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 12500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12500.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 08 / 07 / 2017	Date Due MM / DD / YYYY 12/31/2021	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	12500.00
<b>TOTALS</b> 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.



**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.4996**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 31 / 2017	MM / DD / YYYY 12/31/2021	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	300.00
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5028**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 5014.97	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5014.97
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM / DD / YYYY 09 / 01 / 2017	Date Due MM / DD / YYYY 12/31/2017	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 5014.97
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5068**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 11000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 10 / 16 / 2017	Date Due MM / DD / YYYY 12/31/2021	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]		

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	11000.00
<b>TOTALS</b> 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.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5091**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan 750.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 750.00
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 11 / 10 / 2017	Date Due MM / DD / YYYY 12/31/2022	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 750.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5104**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22185.00	0.00	22185.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 01 / 2017	MM / DD / YYYY 12/31/2021	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	22185.00
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>	Transaction ID : <b>SC/10.5102</b>
--	------------------------------------

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100				
City Dallas	State TX	ZIP Code 75205		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 12 / 06 / 2017	MM / DD / YYYY 12/31/2021	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> 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.	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5103**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6500.00	0.00	6500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 18 / 2017	MM / DD / YYYY 12/31/2021	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	6500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5146**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 14 / 2018	MM / DD / YYYY 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	500.00
<b>TOTALS</b> 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.



**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5187**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22000.00	0.00	22000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 05 / 11 / 2018	MM / DD / YYYY 12/31/2022	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	22000.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Transaction ID : **SC/10.5243**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 25 Highland Park Village Suite 100			
City Dallas	State TX	ZIP Code 75205	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 06 / 08 / 2018	MM / DD / YYYY 12/31/2020	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	6000.00
<b>TOTALS</b> This Period (last page in this line only) .....	294251.32

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COURAGEOUS CONSERVATIVES PAC
FEC IDENTIFICATION NUMBER
C C00587022

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Atlantic Media
Mailing Address Box 297
City Rodanthe State NC Zip Code 27968
Purpose of Expenditure Advertising
Date of Public Distribution/Dissemination 01/30/2019
Amount 805.70
Transaction ID : SE.5713
Date of Disbursement or Obligation 01/30/2019

Name of Federal Candidate: BROOKS, MO, ,
Support Oppose
Office Sought: House District: 05
President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 805.70
Disbursement For: Primary General
Other (specify)

Full Name of Payee Atlantic Media
Mailing Address Box 297
City Rodanthe State NC Zip Code 27968
Purpose of Expenditure Advertising
Date of Public Distribution/Dissemination 01/30/2019
Amount 11441.44
Transaction ID : SE.5716
Date of Disbursement or Obligation 01/30/2019

Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12247.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Fahy, Amanda, , [Electronically Filed] Date 03/18/2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES PAC
FEC IDENTIFICATION NUMBER C C00587022

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Atlantic Media
Mailing Address Box 297
City Rodanthe State NC Zip Code 27968
Purpose of Expenditure Advertising
Name of Federal Candidate: Harris, Kamala, D,
Calendar Year-To-Date Per Election for Office Sought 12344.71
Disbursement For: Primary

Full Name of Payee Atlantic Media
Mailing Address Box 297
City Rodanthe State NC Zip Code 27968
Purpose of Expenditure Advertising
Name of Federal Candidate: DELANEY, JOHN K.,
Calendar Year-To-Date Per Election for Office Sought 13247.98
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1806.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Fahy, Amanda, ,

[Electronically Filed]

Date 03 / 18 / 2019

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00587022                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Atlantic Media</b>		
Mailing Address <b>Box 297</b>		
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>
Purpose of Expenditure <b>Advertising</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>

Date of Public Distribution/Dissemination  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2019

Amount  
903.27

**Transaction ID : SE.5719**  
 Date of Disbursement or Obligation  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2019

Name of Federal Candidate: <b>Gillibrand, Kirsten, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">14151.25</span>	

Office Sought:  House District: \_\_\_\_\_  
 President  Senate State: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▶ \_\_\_\_\_

Full Name of Payee <input type="checkbox"/> Memo Item <b>Atlantic Media</b>		
Mailing Address <b>Box 297</b>		
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>
Purpose of Expenditure <b>Advertising</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>

Date of Public Distribution/Dissemination  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2019

Amount  
903.27

**Transaction ID : SE.5721**  
 Date of Disbursement or Obligation  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2019

Name of Federal Candidate: <b>WARREN, ELIZABETH ANN, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15054.52</span>	

Office Sought:  House District: \_\_\_\_\_  
 President  Senate State: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▶ \_\_\_\_\_

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1806.54</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </span>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15860.22</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Fahy, Amanda, , ,* **[Electronically Filed]**  
 Signature

Date M M / D D / Y Y Y Y Y Y  
03 / 18 / 2019