PAGE 1 / 37

#### **FEC** FORM 3X

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKWI OX	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
COURAGEOUS CON	ISERVATIVES PAC		
ADDRESS (number and street)	212 Yeardley Ave		
▼ Check if different			
than previously reported. (ACC)	Lynchburg		VA 24501 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00587022		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15		7 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report ( July 15 Quarterly Report (	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	(YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period	01 01 2019	through 01	M / D D / Y Y Y Y Y 31 2019
I certify that I have examined t	this Report and to the best of	f my knowledge and belief it is	strue, correct and complete.
Type or Print Name of Treasur	Fahy, Amanda, , , rer		
Signature of Treasurer	ry, Amanda, , ,	[Electronically Filed]	Date 03 / 18 / 2019
NOTE: Submission of false, erro	neous, or incomplete informatic	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016
Only	1 1	1 1	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>3</b> .	(a) Cash on Hand January 1, 2019		47070.31
	(b) Cash on Hand at Beginning of Reporting Period	47070.31	
	(c) Total Receipts (from Line 19)	12502.50	12502.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59572.81	59572.81
·.	Total Disbursements (from Line 31)	30895.01	30895.01
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28677.80	28677.80
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	294251.32	

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### COURAGEOUS CONSERVATIVES PAC

	port Covering the Period: From: 01	01 2019 To	: 01 31 2019
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	1533.00	1533.00
	(iii) TOTAL (add	4 4	4 4
	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	4500.00	4522.00
	Totals to Line 33, page 5)	1533.00	1533.00
	Transfers From Affiliated/Other		0.00
	Party Committees	0.00	0.00
	All Lorent Description	0.00	0.00
	All Loans Received	0.00	0.00
		0.00	0.00
	Loan Repayments Received	0.00	0.00
٠.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	10969.50	10969.50
	(Carry Totals to Line 37, page 5)	10303.00	10303.30
١.	to Federal Candidates and Other		
	Political Committees	0.00	0.00
	Other Federal Receipts	3.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds	3.00	4 4
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(3) 201111 1 21122 (110111 20112222 110) 1111111	45 45 45 45	4 4
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9.	(c) Total Transfers (add 18(a) and 18(b))  Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	12502
).	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	12502.50	12502.50

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>I. Operating Expenditures:</li><li>(a) Allocated Federal/Non-Fed</li></ul>	leral	Cartina. Tour to Butto
Activity (from Schedule H4	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share		0.00
(b) Other Federal Operating Expenditures		15034.79
(c) Total Operating Expenditur	res	45024.70
(add 21(a)(i), (a)(ii), and (b)	75.	15034.79
Transfers to Affiliated/Other Pa Committees     Contributions to	·	0.00
Federal Candidates/Committees and Other Political Committees	s 5	0.00
. Independent Expenditures	4 4	4 4
(use Schedule E)	 S	15860.22
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees		0.00
(I) P. III	4 4 4	1 1 1 1 1 1 1 1
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		0.00
(such as PACs)		0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and		0.00
	4 4	0.00
Other Disbursements (Including Non-Federal Donations)		0.00
	4 4	4 4
<ul><li>Federal Election Activity (52 U.</li><li>(a) Allocated Federal Election</li></ul>	• , ,,	
(from Schedule H6)	Activity	
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity P	do.	4 4 4
Entirely With Federal Fund (c) Total Federal Election Acti	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and	d 30(b))  0.00	0.00
Total Disbursements (add Lines		
23, 24, 25, 26, 27, 28(d), 29 a	nd 30(c)) 30895.01	30895.01
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line from Line 31)		
	30895.01	30895.01

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/ Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1533.00	1533.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1533.00	1533.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15034.79	15034.79	
7. Offsets to Operating Expenditures (from Line 15, page 3)	10969.50	10969.50	
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: PAGE 6 OF							37			
	(0	(check only one)									
			11a		11b		11c		12		
Botanea Cammary 1 age			13		14	X	15		16		17
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATION	VES PAC			
Full Name of Individual (Last, First, Middle Ini A. Atlantic Media	Date of Receipt			
Mailing Address Box 297		01 02 2019		
City Rodanthe	State Zip Code NC 27968	Transaction ID : SA15.5727		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 8269.50		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Ad Buy Refund		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 8269.50			
Full Name of Individual (Last, First, Middle Ini  Atlantic Media	tial) or Full Organization Name	Date of Receipt		
Mailing Address Box 297  City				
Rodanthe	NC 27968	Transaction ID : SA15.5738  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2700.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item  Refund Media Buy		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 10969.50			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	10969.50		
TOTAL This Period (last page this line number	10969.50			

#### ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	IE NUMBER: PAGE 7 OF 37				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVES	S PAC						
Full Name (Last, First, Middle Initial)  A. American Campaign Services, LLC	;		Date of Disbursement				
Mailing Address 5830 E 2nd St Ste 8			01 31 2019				
,	State Zip Code WY 82609		FEC Identification Number				
Email Send Fees Candidate Name		Category/	Transaction ID : SB21B.5834 Amount of Each Disbursement this Period				
Senate x	nent For: 2020 Primary General Other (specify)	Туре	794.09 Memo Item				
State: District:			Memo item				
Full Name (Last, First, Middle Initial)  B. Atlantic Media		Date of Disbursement					
Mailing Address Box 297	Note 7 o de		01 31 2019				
,	State Zip Code NC 27968		FEC Identification Number				
Polling Candidate Name	Category/		C C00587022  Transaction ID : SB21B.5739  Amount of Each Disbursement this Period				
Senate X	S PAC nent For: 2020 Primary General Other (specify)	Туре	11088.00				
State: District:  Full Name (Last, First, Middle Initial)			Memo Item				
C. Atlantic Media			Date of Disbursement				
Mailing Address Box 297			01 31 2019				
Rodanthe	State Zip Code NC 27968		FEC Identification Number				
Purpose of Disbursement Website Services  Candidate Name  COURAGEOUS CONSERVATIVES	Category/ Type	C C00587022  Transaction ID : SB21B.5740  Amount of Each Disbursement this Period					
Senate President	nent For: 2020 Primary General Other (specify) ▼		80.00  Memo Item				
State: District:							
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			11962.09				

#### S 17

SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 8 OF 37							
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check only of the							
		Summary Page			22 28b	23 28c	26	27 30b	
Anni information popular from such Departs and Otata									
Any information copied from such Reports and States or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
$ \; angle$ COURAGEOUS CONSERVATIVE	S PAC								
Full Name (Last, First, Middle Initial)									
A. Facebook				Da	ate of [	Disburse	ment		
Mailing Address 4 Hookey Wey				- N	01	/ 3		2019	
Mailing Address 1 Hacker Way				- 1 -	Ų1	3		2019	
,	State CA	Zip Code		FE	C Ider	ntification	Number		
Menlo Park Purpose of Disbursement	CA	94025				0050700	0		
Social Media Advertising						0058702			
Candidate Name			Category	// An			ID: SB21 Disbursem	B.5737 ent this Period	
COURAGEOUS CONSERVATIVE			Type						
	ment For: 2							202.76	
Senate X	Primary Other (spec	General			Memo Item				
State: District:	Other (spec	Sily) ₩							
Full Name (Last, First, Middle Initial)									
B. Hawks, Brandon, , ,				Da	ate of [	Disburse	ment		
Mailing Address DOD 100						M M / D D / Y Y Y Y			
Mailing Address PO Box 402					01 02 2019				
•						FEC Identification Number			
Sparta Purpose of Disbursement	NC	C 28675			C C00587022				
Social Media Consulting									
Candidate Name		S PAC Category/ Type Category/ Type					<b>ID : SB21</b> I Disbursem	<b>3.5730</b> nent this Period	
COURAGEOUS CONSERVATIVE							21020110011		
						-		2515.00	
Senate X President	Primary General Other (specify)				_				
State: District:	Other (spec	ыу)		Memo Item					
Full Name (Last, First, Middle Initial)									
C.				Da	ate of [	Disburse	ment		
Mailing Address				N	1 - M	/ D	D / Y	- Y - Y - Y	
Mailing Address									
City	State	Zip Code		FE	C Ider	ntification	Number		
Purpose of Disbursement		1							
·					′		-		
Candidate Name			Category	// An	Amount of Each Disbursement this Period				
Office Sought: House Disburse	mont For:		Type		-				
Office Sought: House Disburse	ment For: Primary	General				7		1.40	
President	Other (spec								
State: District:					iviem	o Item			
					-			2717.76	
SUBTOTAL of Disbursements This Page (optional)				<u> </u>	-	7		2717.76	
TOTAL This Period (last page this line number only	)							14679.85	

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

PAGE 9 OF 37

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4280
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		U Other (specify) ▼
Suite 100 City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	
12000.00	7	0.00 12000.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 21 D / Y 2015	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	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)	<u>'</u>	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line onl		, 1200.00
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	ES PAC	Transaction ID : SC/10.4281
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	t, First, M	iddle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address 25 Highland Park Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	00.00	Cumulative Pay	yment To Date  Balance Outstanding at Close of This Period  0.00  15000.00
Date Incurred  11 05 2015		M = M / D = D	Date Due Interest Rate Secured:  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guarantors  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Tan Hame (East, First, Middle	ii iii ai j		
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page  TOTALS This Period (last page in the			, 1300.00
Carry outstanding balance only to I	INE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF 37

FOR LINE 13 OF FORM 3X

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

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

PAGE 12 OF 37

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4404	
LOAN SOURCE Full Name (Last, First, Mir Ekstrom, Christopher, , ,	ddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
6500.00	-	0.00 6500.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 01 M / D 05 D / Y 2016	M   M / D   D	/ 11/8/16 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).  TOTALS This Period (last page in this line only		, , , , , , , , , , , , , , , , , , , ,
		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13 OF 37

		Detailed Summary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVI	ES PAC	Transaction ID: SC/10.4405
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100 City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
01 / 22 / 2016	M = M / D = D	11/8/16 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	•	2000.00
TOTALS This Period (last page in this line or		
Carry outstanging palance only to LINE 3. So	cneaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 14 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSE	RVATIVE	ES PAC	Transaction ID : SC/10.4406
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	liddle Initial)	N
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	000.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  8000.00
Date Incurred  Mo1 / 25 / 20		M M / D D	ate Due Interest Rate Secured:  0.00  (apr)  Yes X No
List All Endorsers or Guaranto  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	this line on	ly)	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 15 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	ES PAC	Transaction ID : SC/10.4500
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	00.00	Cumulative Pay	yment To Date  Balance Outstanding at Close of This Period  0.00  8500.00
Date Incurred  M 02		M = M / D = D	Oate Due Interest Rate Secured:  0.00 % (apr) Yes No
List All Endorsers or Guaranton  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page  FOTALS This Period (last page in the			, 3300.00
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 16 OF 37

		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.4505
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	iddle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
30000.00		0.00 30000.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M02 <sup>M</sup> / D12 <sup>D</sup> / Y 2016	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		30000.00
Carry outstanding balance only to LINE 3. Sci		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 17 OF 37

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4510
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
17000.00	7	0.00 17000.00
TERMS  Date Incurred	D	te Due Interest Rate Secured:
M 02 M / D 22 D / Y 2016	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 18 OF 37

FOR LINE 13 OF FORM 3X

		Polariou Garrinary 1 ago   1 Off Elive 15 Of 1 Offivi 5X
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID: SC/10.4555
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10000.00	-	0.00
TERMS  Date Incurred		ate Due Interest Rate Secured:
M03 M / 18 J Y Y 2016	M M / D D	% (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	ul)	
TOTALS This Period (last page in this line of	nly)	
Carry outstanding balance only to LINE 3.5	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary

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

PAGE 19 OF 37

		Detailed Sufficially Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID : SC/10.4892
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	liddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
4567.89		0.00 4567.89
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M 07	M   M / D   D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, 4007.03
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.
Carry outstanding palance only to LINE 3. 50	neaule D. for this	Time. II NO Schedule D. Carry Torward to appropriate line of Summary.

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

PAGE 20 OF 37

FOR LINE 13 OF FORM 3X

		Polariou Garrinary 1 ago   1 Off Elive 15 Of 1 Offivi 5X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4891
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M <sub>07</sub> / l <sub>1</sub> / Y 2016	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	al)	6000.00
TOTALS This Period (last page in this line o	nly)	
Carry outstanding halance only to LINE 3.5	Schedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary

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

PAGE 21 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	RVATIVE	S PAC	Transaction ID : SC/10.4918
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N
Mailing Address 25 Highland Park Village Suite 100			Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	013.46	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  10013.46
Date Incurred  M 08		M M / D D	ate Due Interest Rate Secured:  12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guaranton  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page  FOTALS This Period (last page in t	his line on	ly)	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 22 OF 37

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.4934
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	iddle Initial)	N
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
9500.00		0.00 9500.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09 / 19 / Y 2016	M   M / D   D	12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		3300.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 23 OF 37

FOR LINE 13 OF FORM 3X

		Potanica cammary rago   Torr Elive 15 of Torrior 5X
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	'ES PAC	Transaction ID : SC/10.4948
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
15420.00		0.00 15420.00
TERMS  Date Incurred	D	Pate Due Interest Rate Secured:
M11 / 16 / Y 2016 Y	M = M / D = D	/ 12/31/2020
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	15420.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.

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

PAGE 24 OF 37

				Detailed Suffil	illaly Fage	FOR LINE	13 OF FURM 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	?\/ATI\/F	S PAC			Trans	saction ID : SC/10.	4995
	\	.0170					
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	iddle Initial)		<b>N</b> _ M	emo Item	Election: Primary General	
Mailing Address 25 Highland Par	k Village					Other (specify	<b>√</b> ) ▼
Suite 100							
City		State	ZIP Code	)			
Dallas	TX 7520			95			
Original Amount of Loan		Cumulative Pay	yment To D	Date Balance Outstanding at Close of This Period			
12	500.00	7	7	0.00		7	12500.00
TERMS  Date Incurred		D	ate Due	Int	terest Rate		Secured:
	17 Y	M = M / D = D	/ Y Y	1/2021	0.00	<b>%</b> (apr)	Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)		1	Name of Emplo	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 1 7	
2. Full Name (Last, First, Middle	nitial)	'	ı	Name of Emplo	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 1 7	
3. Full Name (Last, First, Middle	Initial)		1	Name of Emplo	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 1 7	
4. Full Name (Last, First, Middle	Initial)	·	1	Name of Emplo	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7	
SUBTOTALS This Period This Pag	e (optional)			·····•		7	12500.00
TOTALS This Period (last page in	this line on	y)		······································			,
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	s line. If no	Schedule D.	carry forwa	ard to appropriate	e line of Summarv.

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

PAGE 25 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (IN Full) COURAGEOUS CONSER	RVATIVE	ES PAC	Transaction ID : SC/10.4996	
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	Memo Item Election: Primary General			
Mailing Address 25 Highland Park Suite 100	Mailing Address 25 Highland Park Village Suite 100			
City		State	ZIP Code	
Dallas		TX	75205	
Original Amount of Loan	300.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  300.00	
	<b>Y Y Y Y Y Y Y Y Y Y</b>	M M / D D	ate Due Interest Rate Secured:  12/31/2021 0.00 % (apr) Yes X No	
List All Endorsers or Guaranto  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Pag			300.00	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

PAGE 26 OF 37

				Detailed Suffill	nary raye	FOR LINE	13 OF FURIN 3X
AME OF COMMITTEE (In Full) COURAGEOUS CONSER	?\/ΔTI\/F	S PAC			Transa	action ID : SC/10.5	5028
	. v /\ i i v E						
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	iddle Initial)		<b>N</b>	emo Item	Election: Primary General	
Mailing Address 25 Highland Park	v Village					Other (specify	·) <b>▼</b>
Suite 100	· · ······g·						
City		State	ZIP Code	)			
Dallas		TX	75205				
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balan	ce Outstanding at	Close of This Period
50	014.97	1		0.00		7	5014.97
TERMS  Date Incurred		D	ate Due	Inte	erest Rate		Secured:
M 09	7	M = M / D = D		31/2017 Y	0.00	<b>%</b> (apr)	Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)		1	Name of Employ	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 7	7
2. Full Name (Last, First, Middle	Initial)		ı	Name of Employ	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 7	
3. Full Name (Last, First, Middle	Initial)	<u>'</u>	1	Name of Employ	yer		
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 1 7	7
4. Full Name (Last, First, Middle	Initial)		1	Name of Employ	yer		
Mailing Address				Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		7 7 .	
SUBTOTALS This Period This Pag	e (optional)			·····•		7	5014.97
TOTALS This Period (last page in	this line on	ly)		······································			
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	s line. If no	Schedule D. o	carry forwa	ard to appropriate	line of Summarv.

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

PAGE 27 OF 37

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.5068
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
11000.00	-	0.00 11000.00
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:
M 10 M / D 16 D / Y 2017 Y	M   M / D   D	12/31/2021 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only		, 1100.00
Carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 28 OF 37

FOR LINE 13 OF FORM 3X

		Potanica cammary rago   Torr Elive 15 of Torrior 5X
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5091
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS  Date Incurred	D	Pate Due Interest Rate Secured:
M11 / 10 / Y 2017	M M / D D	/ 12/31/2022
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	750.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

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

PAGE 29 OF 37

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

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

PAGE 30 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.5102	
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	N			
Mailing Address 25 Highland Park Suite 100	Mailing Address 25 Highland Park Village Suite 100			
City		State	ZIP Code	
Dallas		TX	75205	
Original Amount of Loan	00.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  5000.00	
	Y Y	M = M / D = D	ate Due Interest Rate Secured:  12/31/2021 0.00 % (apr) Yes X No	
List All Endorsers or Guarantor  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page  FOTALS This Period (last page in the			3000.00	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

PAGE 31 OF 37

		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.5103
COURAGEOUS CONSERVATIVI	ES PAC	
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	N Memo Item Election:
Ekstrom, Christopher, , ,	Primary	
Mailing Address		General Other (enecify)
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100		
City	State	Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
6500.00		0.00 6500.00
TERMS  Date Incurred	Date	Due Interest Rate Secured:
12 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		12/31/2021 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
State		Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	)	6500.00
TOTALS This Period (last page in this line or		, 3300.00
TOTALS THIS FEHOU (last page III this line or		<b>&gt;</b>
Carry outstanding balance only to LINE 3, So	chedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 32 OF 37

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	VATIVE	S PAC	Transaction ID : SC/10.5146		
LOAN SOURCE Full Name (Las Ekstrom, Christopher, , ,	N ☐ Memo Item Election: Primary General				
Mailing Address 25 Highland Park Suite 100	Mailing Address 25 Highland Park Village Suite 100				
City		State	ZIP Code		
Dallas		TX	75205		
Original Amount of Loan	00.00	Cumulative Pay	yment To Date  Balance Outstanding at Close of This Period  0.00  500.00		
TERMS  Date Incurred  M 04		M   M / D   D	Pate Due Interest Rate Secured:  12/31/2025 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page  FOTALS This Period (last page in the			, 300.00		
Carry outstanding balance only to I	INE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE 33 OF 37

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.5187
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N ☐ Memo Item	
Mailing Address 25 Highland Park Village		Other (specify) ▼
Suite 100	0.1-1-	7/0.0
City	State	ZIP Code
Dallas Original Amount of Loop	TX Cumulativa Pay	75205  Polynog Outstanding at Class of This Period
Original Amount of Loan 22000.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  22000.00
TERMS Date Incurred	D	ota Dua Interest Pato Secured
Date Incurred  M 05	M = M / D = D	Interest Rate    Yes   Y
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, 2200.00
TOTALS This Period (last page in this line onl		
Carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 34 OF 37

FOR LINE 13 OF FORM 3X

		Potanica cammary rago   Torr Elive 15 of Torrior 5X
NAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.5243
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS Date Incurred	С	pate Due Interest Rate Secured:
M 06 / D 08 / Y 2018 Y	M M / D D	/ 12/31/2020
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	6000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Signature

#### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES					PAGE 35	OF 37
					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full)	240			FEC II	DENTIFICATION	ON NUMBER ▼
COURAGEOUS CONSERVATIVES F	AC			С	C00587022	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M /	D D /	Y
Full Name of Payee Atlantic Media		☐ Memo	Item Date	of Publi	c Distribution/	Dissemination
Mailing Address Box 297				01	30	2019
			Amo	unt		
City	State	Zip Code				805.70
Rodanthe	NC	27968			ID: SE.5713 ursement or C	Obligation
Purpose of Expenditure Advertising		Category/ Type		M M 01	30	2019
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ıht:	<b>X</b> House	District:05
BROOKS, MO, , ,		Oppose	Presid		Senate	State: AL
Calendar Year-To-Date			Disburseme		<b>✗</b> Primary	
Per Election for Office Sought		805.70	2020	Other (sp		
Full Name of Payee		☐ Memo	Item Date	of Publi	c Distribution/	Dissemination
Atlantic Media				M M 01	/ 30 /	2019
Mailing Address Box 297				01	30	2013
BOX 231			Amo	unt		
City	State	Zip Code				11441.44
Rodanthe	NC	27968	Tran	nsaction	ID: SE.5716 ursement or C	Obligation
Purpose of Expenditure Advertising		Category/ Type		M 01	30	2019
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	jht:	House	District:
TRUMP, DONALD J, , ,		Oppose	<b>X</b> Presid	_	Senate	State:
Calendar Year-To-Date		11441.44	Disburseme	ent For:	<b>x</b> Primary	General
Per Election for Office Sought	7	A	2020	Other (sp	pecify) ▶	
			_			
(a) SUBTOTAL of Itemized Independent Expenditures			·			12247.14
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
( )						
(c) TOTAL Independent Expenditures			· -			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized					
Fahy, Amanda, , ,	Electronically Fil	[ed]	e 03	18	/ Y Y Y 201	Y
0' '	•	_ Date	, 00	,0	201	·

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

PAGE 36 OF 37 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ COURAGEOUS CONSERVATIVES PAC C00587022 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Atlantic Media 01 30 2019 Mailing Address Box 297 Amount State Zip Code 903.27 City NC 27968 Transaction ID: SE.5717 Rodanthe Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 01 30 2019 Type Name of Federal Candidate: Support Office Sought: House District: Harris, Kamala, D,, Oppose x President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 12344.71 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Atlantic Media 30 2019 01 Mailing Address Box 297 Amount 903.27 City State Zip Code Rodanthe Transaction ID: SE.5718 NC 27968 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 30 2019 01 Type Name of Federal Candidate: Support Office Sought: House District: DELANEY, JOHN K., , , X Oppose **X** President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 13247.98 2020 Per Election for Office Sought Other (specify) ▶ 1806.54 (a) SUBTOTAL of Itemized Independent Expenditures ..... (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] 03 18 2019 Date Signature

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

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 37 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES F		C C00587022		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ M / D D / Y Y Y Y Y
Full Name of Payee Atlantic Media		☐ Memo		of Public Distribution/Dissemination
Ma Tana Adda a			— L	01 30 2019
Mailing Address Box 297			Amou	unt
City	State	Zip Code	TI:	903.27
Rodanthe	NC	27968		saction ID : SE.5719 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		01 30 7 2019
Name of Federal Candidate:		Support	Office Soug	ht: House District:
Gillibrand, Kirsten, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		14151.25	Disburseme	
,	1 1			Other (specify)
Full Name of Payee Atlantic Media		Memo		of Public Distribution/Dissemination
Mailing Address Box 297			Amou	
City	State	Zip Code		903.27
Rodanthe	NC	27968		saction ID : SE.5721 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
WARREN, ELIZABETH ANN, , ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	15054.52	Disburseme	nt For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b> [	1806.54
(b) SUBTOTAL of Unitemized Independent Expenditure	100			
(b) GOD TO TAL OF OTHER MIZE OF THE PROPERTY EXPENDITION	03			
(c) TOTAL Independent Expenditures			· [	15860.22
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Fahy, Amanda, , ,	Electronically Fil	'ed1 -	M = M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 03	18 2019