

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**CONSERVATIVE TRUST OF AMERICA**

ADDRESS (number and street) **499 S CAPITOL ST SW**  
**STE 407**  
 Check if different than previously reported. (ACC) **WASHINGTON DC 20003-4016**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00688598** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **06** /  **2018** in the State of  **ZZ**

5. Covering Period  **10** /  **18** /  **2018** through  **11** /  **26** /  **2018**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
DATWYLER, THOMAS, , ,  
Type or Print Name of Treasurer

Signature of Treasurer DATWYLER, THOMAS, , , [Electronically Filed] Date  **11** /  **28** /  **2018**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CONSERVATIVE TRUST OF AMERICA**

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74822.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="82178.62"/>	<input type="text" value="188356.55"/>
(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="157001.57"/>	<input type="text" value="188356.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="103940.44"/>	<input type="text" value="135295.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53061.13"/>	<input type="text" value="53061.13"/>
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="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CONSERVATIVE TRUST OF AMERICA**

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).....	23120.00	57070.00
(ii) Unitemized .....	59058.62	131286.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	82178.62	188356.55
(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) .....	82178.62	188356.55
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).....	0.00	0.00
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)).....▶	82178.62	188356.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	82178.62	188356.55

**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 .....	55272.44	81872.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	55272.44	81872.42
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) .....	48498.00	53253.00
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 .....	170.00	170.00
(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)).....	170.00	170.00
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)) ..	103940.44	135295.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103940.44	135295.42

**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) .....	82178.62	188356.55
34. Total Contribution Refunds (from Line 28(d)) .....	170.00	170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82008.62	188186.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55272.44	81872.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55272.44	81872.42

**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 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
**CONSERVATIVE TRUST OF AMERICA**

**A. ANDERSON, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 951 DOWLER DR.

City EUREKA	State CA	Zip Code 95501
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2018

**Transaction ID : AA228AE02D13946CC960**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. BAKER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40105 HIGHWAY 20

City BROTHERS	State OR	Zip Code 97712
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2018

**Transaction ID : A47A4724112D04858B5C**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. BERG, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 WEST CR-850 NORTH

City LIZTON	State IN	Zip Code 46149
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2018

**Transaction ID : ADD3C9C32474949A695A**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. BROWN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 DALLAS DRIVE  
 City AUSTIN State TX Zip Code 78729-7774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : A50B6A1FDA1B146A2B60**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. CAMPAGNA, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 ROUTE 31  
 City LEBANON State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : A187415D4E1C64BDA92D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CAMPBELL, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2418 BLIND POND AVENUE  
 City LUTZ State FL Zip Code 33549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : A939631137847421DABC**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. CHASE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31-39 MOTT AVENUE  
 City FAR ROCKAWAY State NY Zip Code 11691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : A1F0146F5600A4C2FA1B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. CHASE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31-39 MOTT AVENUE  
 City FAR ROCKAWAY State NY Zip Code 11691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : A32BF90DE8B394D61927**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CHASE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31-39 MOTT AVENUE  
 City FAR ROCKAWAY State NY Zip Code 11691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : A15697083313C4690865**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. CHASE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31-39 MOTT AVENUE  
 City FAR ROCKAWAY State NY Zip Code 11691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : AEB7A607C3AE041478EB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CLIFTON, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13954 WEST WADDELL ROAD STE 103-250  
 City SURPRISE State AZ Zip Code 85379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : AB679639DD63F4F0C854**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. DAVIS, CYNDEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18519 SHELTON WAY  
 City DALLAS State TX Zip Code 75252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : AF5756FCDADCE490E96F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 10 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. DAVIS, CYNDEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18519 SHELTON WAY  
 City DALLAS State TX Zip Code 75252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt 10 / 28 / 2018  
**Transaction ID : A8E2D12BCEE894CE1B16**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. DELIA, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1780 102ND AVE NORTH SUITE 500  
 City SAINT PETERSBURG State FL Zip Code 33716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : A329FA47F0F364199B78**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. DUNMIRE, CYRIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1061 COUNTRY CLUB ROAD  
 City CAMP HILL State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : AE38133F21F9A4FD48D8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1110.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. FIRMAN, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 CYPRESS AVENUE  
 City HERMOSA BEACH State CA Zip Code 90254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 01 / 2018  
**Transaction ID : A5F2AF59CCB1244FC90B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. FORD, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 CLOVER GREEN COURT  
 City FISHERSVILLE State VA Zip Code 22939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2018  
**Transaction ID : AEC58BA2FA7A04035B69**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. FULLER, VALERIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 S. POST OAK LN #6D  
 City HOUSTON State TX Zip Code 77056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : A3060DAB089A0432BB6A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. GESLAO, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 GLENDALE ROAD  
 G24  
 City HAVERTOWN State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : AB909FA7C864C42DF9AD**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. GESLAO, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 GLENDALE ROAD  
 G24  
 City HAVERTOWN State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 28 / 2018  
**Transaction ID : A6CBFBAFEEDBCD4933B6I**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. GESLAO, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 GLENDALE ROAD  
 G24  
 City HAVERTOWN State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 29 / 2018  
**Transaction ID : A20508613246D47729F6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**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 13 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. GESLAO, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 GLENDALE ROAD  
 G24  
 City HAVERTOWN State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 30 / 2018  
**Transaction ID : A48265636AF52408993C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 SOUTH US HIGHWAY ONE  
 408  
 City JUPITER State FL Zip Code 33477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018  
**Transaction ID : AB7E7231B8FDB47EC904**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. GLENDINNING, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 SOUTH US HIGHWAY ONE  
 408  
 City JUPITER State FL Zip Code 33477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : A54FE3FBBFBD84F9A806**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. HAGGLAND, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 68531

City SEATTLE	State WA	Zip Code 98168
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2018

**Transaction ID : A41558171D79D494D946**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. HAGGLAND, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 68531

City SEATTLE	State WA	Zip Code 98168
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2018

**Transaction ID : ABE66DC013F3546C6897**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HAWKINS, BUDDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 PARKVIEW CIRCLE

City HARLINGEN	State TX	Zip Code 78550
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2018

**Transaction ID : AF461599E95824229BBA**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. HEDMAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 BLOSSOM HILL RD UNIT R270  
 800 BLOSSOM HILL RD, UNIT R270

City LOS GATOS State CA Zip Code 95032

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 11 / 03 / 2018  
**Transaction ID : A18697B10AEC3453C88F**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. JONES JR., JOHN M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 441 WEST MAIN STREET

City GREENEVILLE State TN Zip Code 37743

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 11 / 03 / 2018  
**Transaction ID : A5910515D32C34F81841**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. JONES, OLIVER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 ESMOND AVENUE

City RICHMOND State CA Zip Code 94805

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 11 / 01 / 2018  
**Transaction ID : A951C21B408E044DFB77**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

**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 16 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. JONES, OLIVER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5035 ESMOND AVENUE  
 City RICHMOND State CA Zip Code 94805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : AE34D23C0D7FE45CEAB6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KLEIN, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 HILLSBOROUGH BLVD.  
 City HILLSBOROUGH State CA Zip Code 94010-6464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2018  
**Transaction ID : AD86F8AC5B76F4FD3B5E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. LANGILLE, MICHELLE R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5490 CAMERON STREET  
 City LAS VEGAS State NV Zip Code 89118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2018  
**Transaction ID : AAB33335939CB4D52A44**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. LLOYD, ARTHUR, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 E SWITCHMAN LN

City STAR VALLEY	State AZ	Zip Code 85541-4570
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2018

**Transaction ID : A95A6F85717674863950**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. MAHAFFEY, PHIL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 542 TURKEY SHOOT RD

City PIERSON	State FL	Zip Code 32180
-----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2018

**Transaction ID : A903114DAD3274B019C0**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. MAIOLINI, EZIO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5056 PROCTOR AVENUE

City OAKLAND	State CA	Zip Code 94618
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2018

**Transaction ID : A3F6B8051F5034FB9A9B**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. MARTSOLF, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11162 CAMINITO RODAR  
 City SAN DIEGO State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2018  
**Transaction ID : A14ED89ACA13440AD92A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. MASKER, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1368 DONOVAN WAY  
 City ZANESVILLE State OH Zip Code 43701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : A5353BEEFE36F4289887**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. MAY, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 LINDSAY COURT  
 City FREDERICKSBURG State VA Zip Code 22401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : AB8A68F81F93942C3870**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. MCRAE, BETTY H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8101 NORTH 47TH STREET  
 City PARADISE VALLEY State AZ Zip Code 85253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : AD3AD32566C8142B882D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. MCRAE, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6101 91ST STREET  
 City LUBBOCK State TX Zip Code 79424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : A251B6DDEEC304B79816**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. MCRAE, STANLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6101 91ST STREET  
 City LUBBOCK State TX Zip Code 79424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 02 / 2018  
**Transaction ID : A9BC3AFA13470466FBAA**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 950.00  
**TOTAL** This Period (last page this line number only).....▶

**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 20 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. MOORE, MARYELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 FAIRWAY VILLAGE DRIVE  
 City TROPHY CLUB State TX Zip Code 76262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : ADB8F5B14C36844D8BFD**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. MORRA, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 595 INLET DRIVE  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : A2243BA11F9364020A88**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MORRA, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 595 INLET DRIVE  
 City MARCO ISLAND State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : A5EA0D296A79B4DB0A1F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. MURPHY, ANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19951 COLLIER STREET

City LOS ANGELES	State CA	Zip Code 91364
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

**Transaction ID : A3FAC80F56B3547EABF3**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. MURPHY, ANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19951 COLLIER STREET

City LOS ANGELES	State CA	Zip Code 91364
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 03 / 2018

**Transaction ID : A6767D294518B471E887**

Amount of Each Receipt this Period  
45.00

Memo Item

**C. MURPHY, ANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19951 COLLIER STREET

City LOS ANGELES	State CA	Zip Code 91364
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
685.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 04 / 2018

**Transaction ID : AA6DF9DCD8D8E4C51849**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. PARKER, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 JUNIPER MILL POND ROAD

City BOX SPRINGS	State GA	Zip Code 31801
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2018

**Transaction ID : A1B82E683690A4ED4BAA**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. PARMER, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3214 STATELINE ROAD

City BOWDON	State GA	Zip Code 30108
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2018

**Transaction ID : AB228F62754824A8E939**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. PELASCINI, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4409 GREEN VALLEY ROAD

City FAIRFIELD	State CA	Zip Code 94534
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2018

**Transaction ID : A996E39A049B142908E7**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 23 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. PERRYMAN, GLENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 BLALOCK WOODS  
 City HOUSTON State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2018  
**Transaction ID : A70A881EF7576404BA9D**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. PILLA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BERKELEY DRIVE  
 4 BERKELEY DRIVE  
 City WALPOLE State MA Zip Code 02081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : A8AA1A7DECCC24926886**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. PROCTOR, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3505 TURTLE CREEK BLVD  
 APT 9A  
 City DALLAS State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : A70B2BF8899D440A1896**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 24 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. RAY, RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3481 ROCKCLIFF PLACE  
 City LONGWOOD State FL Zip Code 32779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : AEE06D3F880E44F108E8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. SCHUGEL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8440 GLENEAGLE WAY  
 City NAPLES State FL Zip Code 34120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2018  
**Transaction ID : A417992DB9B4D4B71AC8**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. SCHULTE, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 CANTERBURY DRIVE  
 City LOGAN State UT Zip Code 84321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2018  
**Transaction ID : A63A1CC7A46594F96ABF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1575.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 25 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. SIMONSON, NATASHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6376 SOUTH XAVIER COURT  
 City LITTLETON State CO Zip Code 80123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2018  
**Transaction ID : A8A3013F772034F5E93C**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. SMITH, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16369 MOUNTAIN BREEZE DRIVE  
 City ANCHORAGE State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2018  
**Transaction ID : A9D8B9E7B922E44BFBCD**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SULLIVAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 EAST EL PRADO DRIVE  
 City SAN ANTONIO State TX Zip Code 78212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2018  
**Transaction ID : A24D037B96CC04125939**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 26 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SWEATT, NANCY, , ,

Mailing Address PO BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

**Transaction ID : AD2B9FE36C5074373925**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SWEATT, NANCY, , ,

Mailing Address PO BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

**Transaction ID : A3D9F8F62C7904AC5AE2**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SWEATT, NANCY, , ,

Mailing Address PO BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

**Transaction ID : A76B137CDF1904C9C82A**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 27 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. SWEATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3087  
 City SANTA CRUZ State CA Zip Code 95063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **11 / 02 / 2018**  
**Transaction ID : A87B3899E335042F9AC9**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. SWEATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3087  
 City SANTA CRUZ State CA Zip Code 95063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **11 / 03 / 2018**  
**Transaction ID : A19110429B3654E7BA2B**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. SWEATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3087  
 City SANTA CRUZ State CA Zip Code 95063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **11 / 04 / 2018**  
**Transaction ID : A53F1613672FC4D6AB12**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. SWEATT, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3087  
 City SANTA CRUZ State CA Zip Code 95063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **825.00**

Date of Receipt **11 / 04 / 2018**  
**Transaction ID : A3D505914262C4B159B2**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. SYKORA, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEATHERBY LANE  
 City GLASSBORO State NJ Zip Code 08028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 31 / 2018**  
**Transaction ID : AF99BD3DF4D64430FAA1**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. SYKORA, ESTHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WEATHERBY LANE  
 City GLASSBORO State NJ Zip Code 08028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 02 / 2018**  
**Transaction ID : A1ED7179B9A454A8B965**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

**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 29 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. TURECEK, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 BRIDLEWOOD SOUTH  
 City COLLEYVILLE State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2018  
**Transaction ID : AC9BDE83BF59F4B9FB28**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. WEST, FLORENCE, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8314 HEWLET DR  
 City INDIANAPOLIS State IN Zip Code 46268-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2018  
**Transaction ID : A568E8EF1BEE1439ABB7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. WININGS, DICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 CANYON VIEW DRIVE  
 City DALHART State TX Zip Code 79022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2018  
**Transaction ID : AE3EE97B4C62545F4805**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	23120.00

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. AGNC GROUP LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 19266 COASTAL HIGHWAY  
UNIT 4, #607

City REHOBOTH BEACH State DE Zip Code 19971-6117

Purpose of Disbursement DIGITAL ADS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C

Transaction ID : **BB74E6B31A**

Amount of Each Disbursement this Period: 3000.00

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2018

FEC Identification Number: C

Transaction ID : **BD4583A5A7I**

Amount of Each Disbursement this Period: 394.68

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2018

FEC Identification Number: C

Transaction ID : **BFB6836E37**

Amount of Each Disbursement this Period: 122.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3516.98

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : B4E32954DF  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : B825DEDE73  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : B9E6D3875B  
Amount of Each Disbursement this Period

Memo Item

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

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 28 / 2018

FEC Identification Number  
C  
Transaction ID : B294E5E20FI  
Amount of Each Disbursement this Period  
366.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 30 / 2018

FEC Identification Number  
C  
Transaction ID : B286CDA1CE  
Amount of Each Disbursement this Period  
640.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type 001

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 01 / 2018

FEC Identification Number  
C  
Transaction ID : BAD25E8960  
Amount of Each Disbursement this Period  
682.54

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1689.35

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 03 / 2018

FEC Identification Number  
C  
Transaction ID : B6610F209A  
Amount of Each Disbursement this Period  
958.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 05 / 2018

FEC Identification Number  
C  
Transaction ID : B01F1A0E98  
Amount of Each Disbursement this Period  
224.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 06 / 2018

FEC Identification Number  
C  
Transaction ID : B113592C32  
Amount of Each Disbursement this Period  
1.30

Memo Item

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

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

1184.42

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 08 / 2018

FEC Identification Number  
**C**  
Transaction ID : **B786AE6A21**  
Amount of Each Disbursement this Period  
1.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 19 / 2018

FEC Identification Number  
**C**  
Transaction ID : **B04BBC688C**  
Amount of Each Disbursement this Period  
25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement CREDIT CARD FEES  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 20 / 2018

FEC Identification Number  
**C**  
Transaction ID : **BB7D7CA7E**  
Amount of Each Disbursement this Period  
15.00

Memo Item

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

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

41.10

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement  
CREDIT CARD FEES

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 20 / 2018

FEC Identification Number

C   
**Transaction ID : B28635A565I**  
Amount of Each Disbursement this Period  
 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement  
CREDIT CARD FEES

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 20 / 2018

FEC Identification Number

C   
**Transaction ID : B5B800BE1D**  
Amount of Each Disbursement this Period  
 3.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City DALLAS State TX Zip Code 75201-1702

Purpose of Disbursement  
CREDIT CARD FEES

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 20 / 2018

FEC Identification Number

C   
**Transaction ID : BBB158DE4:**  
Amount of Each Disbursement this Period  
 15.00

Memo Item

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

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

33.20

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address P.O. BOX 31696		FEC Identification Number C [REDACTED] <b>Transaction ID : B310EDF34E</b> Amount of Each Disbursement this Period 280.00
City CHARLOTTE	State NC	Zip Code 28231-1696
Purpose of Disbursement DIGITAL CONSULTING		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2018
Mailing Address P.O. BOX 31696		FEC Identification Number C [REDACTED] <b>Transaction ID : B4ED87D5A1</b> Amount of Each Disbursement this Period 241.00
City CHARLOTTE	State NC	Zip Code 28231-1696
Purpose of Disbursement DIGITAL CONSULTING		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address P.O. BOX 31696		FEC Identification Number C [REDACTED] <b>Transaction ID : B5C5A084Ae</b> Amount of Each Disbursement this Period 28210.00
City CHARLOTTE	State NC	Zip Code 28231-1696
Purpose of Disbursement DIGITAL CONSULTING		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

28731.00

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A. BULLSEYE PUBLIC AFFAIRS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 31696

City CHARLOTTE State NC Zip Code 28231-1696

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : B149582863C

Amount of Each Disbursement this Period: 18433.00

Memo Item

**B. SDP**

Full Name (Last, First, Middle Initial)

Mailing Address 670 COMMERCE DRIVE SUITE 205

City SAINT PAUL State MN Zip Code 55125-9214

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : BD170F5B77I

Amount of Each Disbursement this Period: 1191.69

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19624.69
<b>TOTAL</b> This Period (last page this line number only).....▶	55232.44

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

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BEDINGER, NANCY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2018	
Mailing Address 6332 10TH AVE. SOUTH		FEC Identification Number C [REDACTED] <b>Transaction ID : B591B116AC</b> Amount of Each Disbursement this Period 50.00	
City GULFPORT	State FL	Zip Code 33707	Category/ Type 010
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. BEDINGER, NANCY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2018	
Mailing Address 6332 10TH AVE. SOUTH		FEC Identification Number C [REDACTED] <b>Transaction ID : B45C1FB7C2</b> Amount of Each Disbursement this Period 50.00	
City GULFPORT	State FL	Zip Code 33707	Category/ Type 010
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. MORLAN, TOM, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2018	
Mailing Address 30550 CHARLENE WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : B7DD4B139E</b> Amount of Each Disbursement this Period 20.00	
City HEMET	State CA	Zip Code 92544	Category/ Type 010
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	120.00
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE TRUST OF AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
**PETERS, JOYCE, , ,**

Mailing Address 970 DOWNS ST S

City SALEM State OR Zip Code 97302

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
11 / 20 / 2018

FEC Identification Number: C [ ]

Transaction ID : **BD155F41F3I**

Amount of Each Disbursement this Period: [ ] 50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 170.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : EA4257C0D33174DB598A
Date of Disbursement or Obligation 10/29/2018
Name of Federal Candidate: SINEMA, KYRSTEN, ,
Office Sought: Senate State: AZ
Disbursement For: General 2018

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : E5668472A59D34C778E4
Date of Disbursement or Obligation 10/29/2018
Name of Federal Candidate: MCCASKILL, CLAIRE, ,
Office Sought: Senate State: MO
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11/28/2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : EF7B3E9227AD94BB2B0E
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: DONNELLY, JOSEPH, , ,
Support Oppose
Office Sought: House Senate State: IN
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : EB0F94B42CB08408989D
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: ROSEN, JACKY, , ,
Support Oppose
Office Sought: House Senate State: NV
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11/28/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : E3A490880464441D1AE3
Date of Disbursement or Obligation 10/29/2018
Name of Federal Candidate: TESTER, JON, ,
Office Sought: Senate State: MT
Disbursement For: General 2018

Full Name of Payee AGNC GROUP LLC
Mailing Address 19266 COASTAL HIGHWAY UNIT 4, #607
City REHOBOTH BEACH State DE Zip Code 19971-6117
Purpose of Expenditure DIGITAL ADS PLACEMENT
Date of Public Distribution/Dissemination 10/29/2018
Amount 1000.00
Transaction ID : E9C20A3AEB79943C384E
Date of Disbursement or Obligation 10/29/2018
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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.

DATWYLER, THOMAS, ,
Signature

[Electronically Filed]

Date 11/28/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 712.50
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: TESTER, JON, ,
Calendar Year-To-Date Per Election for Office Sought 807.50
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1520.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date

11 / 28 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: DONNELLY, JOSEPH, , ,
Office Sought: Senate State: IN
Disbursement For: General 2018
Amount 570.00
Transaction ID: E60C8E65CBB0D4C6C9BF
Date of Disbursement or Obligation 10/22/2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Office Sought: Senate State: AZ
Disbursement For: General 2018
Amount 570.00
Transaction ID: ED49D3D2F33C248FF96F
Date of Disbursement or Obligation 10/22/2018

(a) SUBTOTAL of Itemized Independent Expenditures 1140.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date

11 / 28 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: NELSON, BILL, , ,
Calendar Year-To-Date Per Election for Office Sought 1045.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: ROSEN, JACKY, , ,
Calendar Year-To-Date Per Election for Office Sought 712.50
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1757.50
(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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11 / 28 / 2018

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 902.50
Disbursement For: 2018 General

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 2748.00
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 2080.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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DATWYLER, THOMAS, , [Electronically Filed] Date 11 / 28 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: TESTER, JON, ,
Disbursement For: General 2018
Amount 228.00
Transaction ID: E8B23CF755A454D6FA2A

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Disbursement For: General 2018
Amount 190.00
Transaction ID: E6D82A1CE18ED413AA12

(a) SUBTOTAL of Itemized Independent Expenditures 418.00
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11 / 28 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee
BULLSEYE PUBLIC AFFAIRS, LLC
Memo Item

Date of Public Distribution/Dissemination
10 / 30 / 2018

Mailing Address
P.O. BOX 31696

Amount
665.00

City State Zip Code
CHARLOTTE NC 28231-1696

Transaction ID : E4276875DEE3E4A0C950
Date of Disbursement or Obligation

Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type

10 / 30 / 2018

Name of Federal Candidate:
ROSEN, JACKY, , ,
Support Oppose

Office Sought:
House Senate
President Senate
District: State: NV

Calendar Year-To-Date
Per Election for Office Sought
2377.50

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
BULLSEYE PUBLIC AFFAIRS, LLC
Memo Item

Date of Public Distribution/Dissemination
10 / 30 / 2018

Mailing Address
P.O. BOX 31696

Amount
1121.00

City State Zip Code
CHARLOTTE NC 28231-1696

Transaction ID : E577440D5BDAD4B75B1/
Date of Disbursement or Obligation

Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type

10 / 30 / 2018

Name of Federal Candidate:
DONNELLY, JOSEPH, , ,
Support Oppose

Office Sought:
House Senate
President Senate
District: State: IN

Calendar Year-To-Date
Per Election for Office Sought
2691.00

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1786.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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DATWYLER, THOMAS, , , [Electronically Filed]
Signature Date 11 / 28 / 2018



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,
Calendar Year-To-Date Per Election for Office Sought 3099.50
Date of Public Distribution/Dissemination 10/30/2018
Amount 1197.00
Transaction ID : EB5017B89C54D4586AC5
Date of Disbursement or Obligation 10/30/2018
Office Sought: Senate State: MO
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: O'ROURKE, ROBERT, BETO, ,
Calendar Year-To-Date Per Election for Office Sought 10897.00
Date of Public Distribution/Dissemination 11/06/2018
Amount 1710.00
Transaction ID : E6D85D72F260A4115923
Date of Disbursement or Obligation 11/06/2018
Office Sought: Senate State: TX
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2907.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11/28/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee
BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address
P.O. BOX 31696
City
CHARLOTTE
State
NC
Zip Code
28231-1696
Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type
Amount
734.00
Transaction ID : EFE750433E9794B5CB81
Date of Disbursement or Obligation
11 / 06 / 2018

Name of Federal Candidate:
MORRISEY, PATRICK, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: WV
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address
P.O. BOX 31696
City
CHARLOTTE
State
NC
Zip Code
28231-1696
Purpose of Expenditure
ONLINE VOTER CONTACT
Category/Type
Amount
500.00
Transaction ID : E73EB3E56ACA34107BC
Date of Disbursement or Obligation
11 / 06 / 2018

Name of Federal Candidate:
ROSENDALE, MATT, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: MT
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 1234.00
(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.

DATWYLER, THOMAS, ,
Signature

[Electronically Filed]

Date
11 / 28 / 2018

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

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE TRUST OF AMERICA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00688598
---	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 31696		Amount <input type="text"/>	
City CHARLOTTE	State NC	Zip Code 28231-1696	Transaction ID : <b>EDE24121125D8450BA05</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HELLER, DEAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 31696		Amount <input type="text"/>	
City CHARLOTTE	State NC	Zip Code 28231-1696	Transaction ID : <b>EA2A86EEE9DA14DB1BE</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BRAUN, MIKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

DATWYLER, THOMAS, , , [Electronically Filed] Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 2090.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: DAVID HAWLEY, JOSHUA, ,
Calendar Year-To-Date Per Election for Office Sought 7131.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2464.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11 / 28 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

Check if 24-hour report 48-hour report
New report Amends report filed on 11/06/2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: MCCASKILL, CLAIRE, ,
Calendar Year-To-Date Per Election for Office Sought 7131.00
Disbursement For: 2018 General

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: CRUZ, RAFAEL TED, EDWARD, ,
Calendar Year-To-Date Per Election for Office Sought 10897.00
Disbursement For: 2018 General

(a) SUBTOTAL of Itemized Independent Expenditures 7044.50
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11/28/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

Check if 24-hour report 48-hour report New report Amends report filed on 11/06/2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Calendar Year-To-Date Per Election for Office Sought 6283.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: TESTER, JON, , ,
Calendar Year-To-Date Per Election for Office Sought 5053.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 4797.50
(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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11/28/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER
C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: ROSEN, JACKY, ,
Calendar Year-To-Date Per Election for Office Sought 5511.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: MCSALLY, MARTHA, ,
Calendar Year-To-Date Per Election for Office Sought 6283.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 3677.50
(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.

DATWYLER, THOMAS, ,

[Electronically Filed]

Date 11 / 28 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE TRUST OF AMERICA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00688598
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 31696		Amount <input type="text"/> 1710.00 <b>Transaction ID : E505CB07820F0412BB62</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City CHARLOTTE	State NC	
Zip Code 28231-1696	Category/ Type <input type="text"/>	
Purpose of Expenditure ONLINE VOTER CONTACT		Name of Federal Candidate: BREDESEN, PHILIP, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: BREDESEN, PHILIP, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>  TN  </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2879.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>BULLSEYE PUBLIC AFFAIRS, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 31696		Amount <input type="text"/> 1710.00 <b>Transaction ID : E9F09AB09130944DD902</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City CHARLOTTE	State NC	
Zip Code 28231-1696	Category/ Type <input type="text"/>	
Purpose of Expenditure ONLINE VOTER CONTACT		Name of Federal Candidate: MANCHIN III, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: MANCHIN III, JOE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>  WV  </u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2444.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 3420.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

DATWYLER, THOMAS, , ,

*[Electronically Filed]*

Date  /  /

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

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

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: DONNELLY, JOSEPH, , ,
Calendar Year-To-Date Per Election for Office Sought 6140.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: BLACKBURN, MARSHA, , ,
Calendar Year-To-Date Per Election for Office Sought 2879.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 3449.00
(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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11 / 28 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE TRUST OF AMERICA
FEC IDENTIFICATION NUMBER C C00688598

Check if 24-hour report 48-hour report New report Amends report filed on 11/06/2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: CRAMER, KEVIN, , , Support
Office Sought: Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 4825.00
Disbursement For: General 2018

Full Name of Payee BULLSEYE PUBLIC AFFAIRS, LLC
Mailing Address P.O. BOX 31696
City CHARLOTTE State NC Zip Code 28231-1696
Purpose of Expenditure ONLINE VOTER CONTACT
Name of Federal Candidate: HEITKAMP, HEIDI, , , Oppose
Office Sought: Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 4825.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 2922.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 48498.00

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.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date 11/28/2018

Signature