

1.) CORPORATION NAME:

American Conservative Party, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM D PORTER
1900 CAMPUS COMMONS DR STE 100
RESTON, VA 20191**

SCC ID NO: **07267073**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 CAMPUS COMMONS DR
SUITE 100

CITY/ST/ZIP: RESTON, VA 20191

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TIMOTHY J MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	945 RANCH LANE		
CITY/ST/ZIP/CO:	KALISPELL, MT 59901		

NAME:	KENNETH MCCLENTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1307 44TH PL, SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20019		

NAME:	WILLIAM D PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	108 PADDINGTON WAY NE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME:	TRACY COYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13409 MIDLAND RD. #1		
CITY/ST/ZIP/CO:	POWAY, CA 92064		

NAME:	DARRIN DICKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	551 SHARONDALE DR		
CITY/ST/ZIP/CO:	MURFREESBORO, TN 37129		

NAME:	JASON HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 GETTYSBURG DR.		
CITY/ST/ZIP/CO:	NASHUA, NH 03064		

NAME: WILLIAM HINMAN TITLE: DIRECTOR ADDRESS: P.O. BOX 1186 CITY/ST/ZIP/CO: HAYFORK, CA 96041	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH E. KOEDER, JR TITLE: VICE CHAIRMAN ADDRESS: 780 BATEMAN RD. CITY/ST/ZIP/CO: LOUISVILLE, MS 39339	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEREMY SCHWANBECK TITLE: DIRECTOR ADDRESS: 124 MADISON PL CITY/ST/ZIP/CO: ADAIRSVILLE, GA 30103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD SPEARS TITLE: CHAIRMAN ADDRESS: 103 S. CLOUDVIEW RD. CITY/ST/ZIP/CO: ROME, GA 30161	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND SPITZER TITLE: DIRECTOR ADDRESS: 11228 NORTH 58TH AVE CITY/ST/ZIP/CO: PHOENIX, AZ 85304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID TERRY TITLE: DIRECTOR ADDRESS: 5229 SEGARI WAY CITY/ST/ZIP/CO: WINDERMERE, FL 34786	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Webb TITLE: DIRECTOR ADDRESS: 302 Barry Dr CITY/ST/ZIP/CO: Greer, SC 29650	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Allan Poteshman TITLE: SECRETARY ADDRESS: 103 Mariam Pass CITY/ST/ZIP/CO: Middletown, MD 21769	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WILLIAM D PORTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM D PORTER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/17/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		