

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 76 OF 404               |
|   | (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"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Senate Conservatives Fund**

**A. Miss Gloria Rylee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1785 Wilson Bridge Rd

City Homer State GA Zip Code 30547-2911

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

Name of Employer Retired Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : A209E167E11364A32AEB**

Amount of Each Receipt this Period  
 220.00

**B. Ms. Paula A. Marrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Shull Rd

City Columbus State OH Zip Code 43230-1954

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

Name of Employer GAHANNA ANIMAL HOSPIAL Occupation VETERINARIAN

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  
 05 / 31 / 2013

**Transaction ID : A8776585A92994C03B98**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 49 Hazel Rd

City Dover State DE Zip Code 19901-3813

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

Name of Employer Bayhealth Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : A0F7FBCB4AAAA425D824**

Amount of Each Receipt this Period  
 36.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 456.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |