

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

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

FOR LINE NUMBER: PAGE 1022 OF 2290

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

SENATE CONSERVATIVES FUND

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

A. CHOATE, ARTHUR, B., MR.,

Mailing Address 1390 S DIXIE HWY STE 2221
STE 2221

City
CORAL GABLES

State
FL

Zip Code
33146-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARTIMARINA, INC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2018

Transaction ID : AE2D27EED481E47E994B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20180306

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

B. COLLINS, KEVIN, , ,

Mailing Address 15900 PARKWAY DR

City
LA PINE

State
OR

Zip Code
97739-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOLT STAFFING LLC

Occupation (for Individual)
COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

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

Transaction ID : AE2D72A6093B34A8F8A2

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20180206

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

C. TROJNIAK, RAFAL, , ,

Mailing Address 10000 W 48TH ST

City
MERRIAM

State
KS

Zip Code
66203-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VERSAFLEX, INC.

Occupation (for Individual)
ESTIMATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2018

Transaction ID : AE2F062F91C7A4C88AF1

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/CRUZ/TRANS20180213

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

1035.00

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