

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 2163

(check only one)

<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)

SENATE CONSERVATIVES FUND

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

A. JOHNSON, ALFRED, , ,

Mailing Address 318 N 1ST ST

City
ROCKFORDState
ILZip Code
61107-3902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	30	2020

Transaction ID : A48BC5821AC5643C1BDA

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LEWIS, BRUCE, , MR.,

Mailing Address 240 ROCK SPRING RD

City
OWENS CROSS ROADSState
ALZip Code
35763-9578FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVENTIUMOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	30	2020

Transaction ID : ADA5F111ECC4C4B59941

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. MARRIE, PAULA, A., MS.,

Mailing Address 4639 SHULL RD

City
GAHANNAState
OHZip Code
43230-1954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAHANNA ANIMAL HOSPITALOccupation (for Individual)
VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	30	2020

Transaction ID : AFB554C3E8FA94AC4AC7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

650.00

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