

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 973 OF 2163

(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. CAPUTO, MICHAEL, F., MR.,

Mailing Address 24956 LETCHWORTH RD

City
BEACHWOODState
OHZip Code
44122-4151FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
03 / 30 / 2020

Transaction ID : AE92F318859884AD6861

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/LUMMIS/TRANS20200408

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

B. GALUSHA, ELISSA, , ,

Mailing Address 3108 PERRY AVE

City
BREMERTONState
WAZip Code
98310-5313FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : AE933405592D74F1FAB4

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/BENNETT/TRANS20200408

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

C. KETTEL, KEITH, , ,

Mailing Address 8424 BLAKISTON LN

City
ALEXANDRIAState
VAZip Code
22308-2104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KRIMMG, PLLCOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2020

Transaction ID : AE93C939FB7554E0BAA8

Amount of Each Receipt this Period

35.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20200310

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

110.00

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