

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

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

FOR LINE NUMBER: PAGE 255 OF 2181

(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. KAISER, WILLIAM, , ,**

Mailing Address PO BOX 292

City  
TETON VILLAGE

State  
WY

Zip Code  
83025-0292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2020

**Transaction ID : A2BBFCDBCA2EA431B84**

Amount of Each Receipt this Period

100.00

☐ Memo Item

NOTE:EM/BOLDUC/TRANS20200115

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

**B. ANGEMI, RONALD, , ,**

Mailing Address 5790 ITHACA WAY

City  
SARASOTA

State  
FL

Zip Code  
34238-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2020

**Transaction ID : A2BC11979C55142DC88B**

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20200115

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

**C. AGER, MICHAEL, V., MR.,**

Mailing Address PO BOX 10688

City  
PORTLAND

State  
OR

Zip Code  
97296-0688

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 06 / 2020

**Transaction ID : A2BD4DE6AB82F429DA4A**

Amount of Each Receipt this Period

35.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20200115

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

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

140.00