

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 1330  
(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. LAGERLOF, LOURINE, , ,**

Mailing Address 4060 THORNBROOK DR

City  
SPRINGFIELDState  
ILZip Code  
62711-8125FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HSHSOccupation (for Individual)  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	D D	Y Y Y Y
02	23	2020

**Transaction ID : A21748A781D4B4D2281E**

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EMBENNETT/TRANS20200225

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

**B. WALSH, KATHRYN, , ,**

Mailing Address 509 W MAY ST

City  
DELANDState  
FLZip Code  
32720-3319FEC 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 ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	16	2020

**Transaction ID : A220CF78C4DB14B19BE7**

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EMROY/TRANS20200219

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

**C. DAY, STEVEN, , ,**

Mailing Address 2640 GLADWIN CT

City  
MIAMISBURGState  
OHZip Code  
45342-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2020

**Transaction ID : A221FFAEF6842463181A**

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EMJAMES/TRANS20200212

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

60.00

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