

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 334 OF 1151
(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. VOLK, ARTHUR, , MR.,

Mailing Address 360 EE HILL DR

City
TWIN LAKESState
COZip Code
81251-9727FEC 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 ▼

50.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2019 |

Transaction ID : A64EF3E432D48469C958

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/MOONEY/TRANS20191016

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

B. STAATS, DAVID, V., MR.,

Mailing Address 609 RAMSEY RD

City
HOCKESSINState
DEZip Code
19707-9135FEC 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 ▼

259.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2019 |

Transaction ID : A64FFA89F0DCD47199D6

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/MOONEY/TRANS20191016

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

C. ANDERSON, CRAIG, , ,

Mailing Address 3593 CALVIN AVE

City
SAN JOSEState
CAZip Code
95124-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANTA CLARA FIRE DEPT.Occupation (for Individual)
FIRE INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2019 |

Transaction ID : A65388D4D45DF4755B83

Amount of Each Receipt this Period

60.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20191024

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

85.00

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