

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 166 OF 1510

☒ 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. RASTIN, TOM, , ,**

Mailing Address 1240 GAMBIER RD

City  
MOUNT VERNON

State  
OH

Zip Code  
43050-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARIEL CORP.

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2017

**Transaction ID : A3750F8840C4E4663A22**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. WRIGHT, KAREN, A., MS.,**

Mailing Address 1240 GAMBIER RD

City  
MOUNT VERNON

State  
OH

Zip Code  
43050-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARIEL CORP.

Occupation (for Individual)  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2017

**Transaction ID : A48BDAFB25C264F3F986**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. BINGHAM, SUSAN, , ,**

Mailing Address 3678 SILVERSTONE DR

City  
IDAHO FALLS

State  
ID

Zip Code  
83401-3583

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2017

**Transaction ID : AF6A34AE202444F01A7E**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

10100.00