

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

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

FOR LINE NUMBER: PAGE 730 OF 12650

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. HARRIS, ROBERT, , MR.,

Mailing Address PO BOX 416

City  
PALMETTOState  
FLZip Code  
34220-0416FEC 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 ▼

305.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2018

Transaction ID : A05777F7595864E1B8A0

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/BRAUN/TRANS20180930

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

B. HERNE, RONNIE, , MS.,

Mailing Address 62650 FAIRVIEW RD

City  
COQUILLEState  
ORZip Code  
97423-8758FEC 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 ▼

295.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2018

Transaction ID : A057D407D0619440E840

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/MORRISEY/TRANS20180930

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

C. CLYNE, ROBERT, , ,

Mailing Address 130 1ST ST

City  
YALEState  
MIZip Code  
48097-2802FEC 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 ▼

225.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2018

Transaction ID : A058298458153420987B

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/CRUZ/TRANS20180912

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

90.00

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