

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3194 OF 12650

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. DORNAU, PETER, , ,**

Mailing Address 1601 SE 10TH ST

City  
FORT LAUDERDALEState  
FLZip Code  
33316-1421FEC 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 ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
09	06	2018

**Transaction ID : A7CBC11558E9F4ACB8BC**

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/CRUZ/TRANS20180912

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

**B. HASPEL-PORTNER, ELEANOR, , ,**

Mailing Address 865 NAPOLI DR

City  
PACIFIC PALISADESState  
CAZip Code  
90272-4515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORTNERMEDICAL CORPOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M	D D	Y Y Y Y
09	07	2018

**Transaction ID : A7CC2328755294E4FBC2**

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/JAMES/TRANS20180912

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

**C. MCDONNELL, JOE, , ,**

Mailing Address 4230 GREELY CHAPEL RD

City  
LIMAState  
OHZip Code  
45806-2850FEC 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 ▼

40.00

Date of Receipt

M M	D D	Y Y Y Y
09	14	2018

**Transaction ID : A7CC533E2BA324F5AA5F**

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/ROSENDALE/TRANS20180919

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

65.00

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