

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

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

FOR LINE NUMBER: PAGE 4118 OF 12650

(check only one)

☒ 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. DORNAU, PETER, , ,

Mailing Address 1601 SE 10TH ST

City
FORT LAUDERDALE

State
FL

Zip Code
33316-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2018

Transaction ID : AA94250F5F2E3445D931

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/HAWLEY/TRANS20180912

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

B. SEELEY, MARY, , ,

Mailing Address 16612 MILLAN DE AVILA

City
TAMPA

State
FL

Zip Code
33613-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
AUTHOR

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 / 17 / 2018

Transaction ID : AA945110E05CB44B8826

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/HAWLEY/TRANS20180926

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

C. JUNGWAEELTER, JAN, , ,

Mailing Address 805 SUZANNE AVE

City
LAS CRUCES

State
NM

Zip Code
88005-1297

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 ▼

703.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2018

Transaction ID : AA94A86DAA71B4AAE95E

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/ROSENDALE/TRANS20180926

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

90.00

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