

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

FOR LINE NUMBER: PAGE 708 OF 2816

(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. Bracy, Lance, , ,**

Mailing Address 6636 Old Clarksville Pike

City  
JoeltonState  
TNZip Code  
37080-8828FEC 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 ▼

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2017

**Transaction ID : A6F08AC0DB2F2465B85A**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Note:EM/Cruz/Trans20170207

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

**B. Choate, Arthur, B., Mr.,**Mailing Address 1390 S Dixie Hwy Ste 2221  
Ste 2221City  
Coral GablesState  
FLZip Code  
33146-2946FEC 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 ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2017

**Transaction ID : A6F10785864A64F0EB14**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

NOTE:EM/Mandel/20170418

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

**C. Fuchs, Leo, J., ,**

Mailing Address 10593 Springfield Rd

City  
PolandState  
OHZip Code  
44514-3130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2017

**Transaction ID : A6F1300759EBD4DB6A8E**

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/Norman/20170516

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

1030.00

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