

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM JORDAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HOPPEs, CARL, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2019	
Mailing Address 3957 GARDENIA AVE			Transaction ID : A07BD395FCF3A407E923	
City LONG BEACH	State CA	Zip Code 90807-3731	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 660.00		
B. Full Name (Last, First, Middle Initial) HOPPEs, CARL, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2019	
Mailing Address 3957 GARDENIA AVE			Transaction ID : AA93CFF87E95549CE90E	
City LONG BEACH	State CA	Zip Code 90807-3731	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 710.00		
C. Full Name (Last, First, Middle Initial) HORA, WILLIAM, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2019	
Mailing Address 4995 MEADOWCREST LN			Transaction ID : A2789EA6971494252949	
City NEW PARIS	State OH	Zip Code 45347-1561	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 125.00	
TOTAL This Period (last page this line number only)..... ▶			_____	