

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)

PAGE 1429 OF 1838

☒ 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) SCHAEFER, NORMAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2019	
Mailing Address FAIRMOUNT AVENUE			Transaction ID : AF1A0BC8DCB284ABD9EA	
City CHATHAM	State NJ	Zip Code 07928	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 ▼ _____ 235.00		

B. Full Name (Last, First, Middle Initial) SCHAEFER, NORMAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2019	
Mailing Address FAIRMOUNT AVENUE			Transaction ID : A25E2884229D04ABF8A1	
City CHATHAM	State NJ	Zip Code 07928	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 ▼ _____ 260.00		

C. Full Name (Last, First, Middle Initial) SCHAFER, RANDALL, J., ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2019	
Mailing Address 95 SAWMILL ROAD			Transaction ID : AEECC0F6479B42CA965	
City FORT LORAMIE	State OH	Zip Code 45845-9323	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer SCHAFER OIL CO.		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 300.00
TOTAL This Period (last page this line number only).....	_____