

**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 11 OF 82

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

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NAME OF COMMITTEE (In Full)  
**JONI FOR IOWA**

Full Name (Last, First, Middle Initial) <b>TURNAGE, ROBERT L, ,</b>			Date of Receipt M M D D Y Y 02 28 2017	
Mailing Address 1102 ALFORD AVE			Transaction ID : SA11A.82702	
City HOOVER	State AL	Zip Code 35226-1912	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>CRITCHFIELD, STEPHANIE, ,</b>			Date of Receipt M M D D Y Y 03 04 2017	
Mailing Address 6 LARCHWOOD COURT			Transaction ID : SA11A.83673	
City NEWTON	State IA	Zip Code 50208-	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer VERNON COMPANY		Occupation WESTERN REGION MANAGER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>CHAUDHRY, HUMAYUN, J., ,</b>			Date of Receipt M M D D Y Y Y Y 03 09 2017	
Mailing Address 4426 RIDGE ST			Transaction ID : SA11A.82776	
City CHEVY CHASE	State MD	Zip Code 20815-5226	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Memo Item CONTRIBUTION	
Name of Employer FEDERATION OF STATE MEDICAL BOARDS		Occupation PHYSICIAN		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)..... 535.00

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