

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)
JONI FOR IOWA

A. Full Name (Last, First, Middle Initial)
ELLIS, JOSEPH, , MR.,

Mailing Address **3205 N. MARIETTA AVE**
APT B

City **MILWAUKEE** State **WI** Zip Code **53211-3133**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : **SA11A.83243**

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IREY, GIL, ,

Mailing Address **4150 KIMBALL AVE**
4150 KIMBALL AVE

City **WATERLOO** State **IA** Zip Code **50701-9086**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GIL IREY** Occupation **HEALTH CARE**

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
503.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : **SA11A.83403**

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IREY, GIL, ,

Mailing Address **4150 KIMBALL AVE**
4150 KIMBALL AVE

City **WATERLOO** State **IA** Zip Code **50701-9086**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GIL IREY** Occupation **HEALTH CARE**

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
503.00

Date of Receipt

03 / **31** / **2017**

Transaction ID : **SA11A.83404**

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

503.00

20170626170641