

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 6 OF 224	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JONI FOR IOWA

Full Name (Last, First, Middle Initial) ESTABROOKS, ROBERT, , ,			Date of Receipt MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 2004 AUDUBON AVE MC429			Transaction ID : SA11A.91071	
City NAPERVILLE	State IL	Zip Code 60563-4194	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		Memo Item CONTRIBUTION <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 ▼ _____ 226.00		

Full Name (Last, First, Middle Initial) NETTELAND, ROBERT, , MR.,			Date of Receipt MM / DD / YYYY 04 / 04 / 2018	
Mailing Address 2976 132 CT			Transaction ID : SA11A.91072	
City URBANDALE	State IA	Zip Code 50323-2113	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C _____		Memo Item CONTRIBUTION <input type="checkbox"/>		
Name of Employer SELF		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 449.00		

Full Name (Last, First, Middle Initial) STUNTZ, WENDELL, R., DR.,			Date of Receipt MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 450 LINCOLN AVENUE			Transaction ID : SA11A.89921	
City COUNCIL BLUFFS	State IA	Zip Code 51503-4933	Amount of Each Receipt this Period _____ 33.00	
FEC ID number of contributing federal political committee. C _____		Memo Item CONTRIBUTION <input type="checkbox"/>		
Name of Employer WENDELL STUNTZ		Occupation DENTIST		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 614.00		

SUBTOTAL of Receipts This Page (optional).....		_____ 303.00
TOTAL This Period (last page this line number only).....		_____ 303.00