

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

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

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER:                        |                              | PAGE 49 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)<br><b>ROGERS, RICHARD, R., MR.,</b>   |                    |  | Date of Receipt<br>MM / DD / YYYY<br><b>05 / 02 / 2018</b> |  |
| Mailing Address <b>16251 DALLAS PKWY</b>  |                    |  | Transaction ID : <b>SA11A.90455</b>                        |  |
| City<br><b>ADDISON</b>  | State<br><b>TX</b> | Zip Code<br><b>75001-6801</b>                      | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    | Memo Item<br><input type="checkbox"/> CONTRIBUTION |  |  |
| Name of Employer<br><b>MARY KAY COSMETICS</b>   |                    | Occupation<br><b>CHAIRMAN</b>                      |  |  |
| Receipt For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    | Election Cycle-to-Date<br>1500.00                  |  |  |

|   |                    |  |  |  |
|---|--------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>BERG, DONALD, D., MR.,</b>  |                    |  | Date of Receipt<br>MM / DD / YYYY<br><b>05 / 08 / 2018</b> |  |
| Mailing Address <b>10000 BLADENSBURG RD</b>   |                    |  | Transaction ID : <b>SA11A.90514</b>                        |  |
| City<br><b>OTTUMWA</b>  | State<br><b>IA</b> | Zip Code<br><b>52501-9083</b>                      | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    | Memo Item<br><input type="checkbox"/> CONTRIBUTION |  |  |
| Name of Employer<br><b>SELF EMPLOYED</b>  |                    | Occupation<br><b>ORTHO SURGEON</b>                 |  |  |
| Receipt For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    | Election Cycle-to-Date<br>500.00                   |  |  |

|   |                    |  |  |  |
|---|--------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>DODD, JONATHAN, P., MR.,</b>  |                    |  | Date of Receipt<br>MM / DD / YYYY<br><b>05 / 08 / 2018</b> |  |
| Mailing Address <b>4400 W UNIVERSITY BLVD</b><br><b>20304</b>   |                    |  | Transaction ID : <b>SA11A.90522</b>                        |  |
| City<br><b>DALLAS</b>   | State<br><b>TX</b> | Zip Code<br><b>75209-3876</b>                      | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    | Memo Item<br><input type="checkbox"/> CONTRIBUTION |  |  |
| Name of Employer<br><b>DEALERSHIP</b>   |                    | Occupation<br><b>BODY TECH</b>                     |  |  |
| Receipt For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    | Election Cycle-to-Date<br>399.00                   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1025.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |