

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Loesack for Congress**

Full Name (Last, First, Middle Initial)  
**David Donald Chensvold**

Mailing Address 2936 Kinsale Dr

City	State	Zip Code
Marion	IA	52302-4749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Monticello Nursing and Rehab Center

Occupation  
 President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : C9703917

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**Donald Leslie Chensvold**

Mailing Address 2126 Blue Heron Dr

City	State	Zip Code
Springville	IA	52336-9695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care of Iowa

Occupation  
 Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : C9703909

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**Alicia P Claypool**

Mailing Address 5754 Gallery Ct

City	State	Zip Code
West Des Moines	IA	50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 n/a

Occupation  
 volunteer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2013

Transaction ID : C9772542

Amount of Each Receipt this Period

250.00

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

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

2250.00