

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

JONI FOR IOWA

Full Name (Last, First, Middle Initial)

BORINTRAGER, ELSIE, , ,**A.**

Mailing Address 3319 MALLARD LANE

City

GOSHEN

State

IN

Zip Code

46526-

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

Name of Employer

NATURAL BODY BALANCE

Occupation

NUTRITIONAL

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	0

Transaction ID : SA11A.211688

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

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

C00694323

Name of Employer

Occupation

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2942729.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	0

Transaction ID : SA11C.2070337827

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

KULLIJIAN, JOHN, , ,**C.**

Mailing Address 5803 BRIDLEWOOD DR.

City

RICHMOND

State

TX

Zip Code

77469-7303

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 ▼

1864.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	0

Transaction ID : SA11A.211700

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

50.00

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