

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)
HERDER, W., DALE DEN, ,

Mailing Address 924 3RD AVE NE

City SIOUX CENTER	State IA	Zip Code 51250-2023
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2020

Transaction ID : SA11A.214465

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HINES, J., C., ,

Mailing Address 80 MILTON AVE

City ALPHARETTA	State GA	Zip Code 30009-1508
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2020

Transaction ID : SA11A.214537

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOFFMAN, CLARENCE, C., MR.,

Mailing Address 616 PARKVIEW DRIVE

City DENISON	State IA	Zip Code 51442-1224
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FEC ID number of contributing federal political committee. **C**

Name of Employer THE HOFFMAN AGENCY	Occupation INSURANCE AGENT
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2020

Transaction ID : SA11A.214468

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

1125.00

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

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