

# **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)  
**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 29 2020

Transaction ID : SA11A.214840

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HOGAN, CAMILLE, STEPHENSON, ,**

Mailing Address 549 SUNSET ROAD

City WATERLOO	State IA	Zip Code 50701-3929
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 29 2020

Transaction ID : SA11A.214843

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOLTZE, JOHN, WILLIAM, DR.,**

Mailing Address 5300 WOODLAND AVE

City DES MOINES	State IA	Zip Code 50312-1946
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FEC ID number of contributing federal political committee. **C**

Name of Employer THE IOWA CLINIC	Occupation PHYSICIAN
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 29 2020

Transaction ID : SA11A.214779

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTION

650.00

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

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