

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

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

FOR LINE NUMBER: PAGE 7 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**JONI'S ROAST AND RIDE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RUEBEL, GARY, , ,**

Mailing Address 1596 NE 58TH AVENUE

City  
DES MOINES

State  
IA

Zip Code  
50313-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHEMORSE

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2017

Transaction ID : SA11A.83686

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DUFFY, MICHAEL, , ,**

Mailing Address 7400 JERSEY RIDGE RD.

City  
DAVENPORT

State  
IA

Zip Code  
52807-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PER MAR SECURITY SERVICES

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11A.83687

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DE VRIES, LARRY, , MR.,**

Mailing Address 1703 W. 3RD ST

City  
PELLA

State  
IA

Zip Code  
50219-7664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DE VRIES ELECTRIC, INC

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.83713

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

15000.00