

**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)		PAGE 973 OF 3142	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JONI FOR IOWA

A. Full Name (Last, First, Middle Initial) MR. RICHARD F HOHLT			Date of Receipt MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 7901 KENT ROAD			Transaction ID : SA11AI.36642	
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED		
Occupation RETIRED		Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

B. Full Name (Last, First, Middle Initial) PETER HOHNSTEIN			Date of Receipt MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 3715 WYNNEWOOD DR			Transaction ID : SA11AI.33984	
City CEDAR FALLS	State IA	Zip Code 50613	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer WHEATON FRANCISCAN		
Occupation ANESTHESIOLOGIST		Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

C. Full Name (Last, First, Middle Initial) MR. MIKE HOIEN			Date of Receipt MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 2181 155TH ST			Transaction ID : SA11AI.35134	
City SPIRIT LAKE	State IA	Zip Code 51360	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Name of Employer SELF-EMPLOYED		
Occupation GENERAL CONTRACTOR		Election Cycle-to-Date 300.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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