

# **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)  
**ADAMS, JOHN, , ,**

Mailing Address 312 FOREST DR. SE

City CEDAR RAPIDS	State IA	Zip Code 52403-1813
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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 ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 11 2018

Transaction ID : SA11A.94744

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCHRODT, DAVID, , ,**

Mailing Address 500 3RD AVE

City CHARLES CITY	State IA	Zip Code 50616-2935
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FEC ID number of contributing federal political committee. **C**

Name of Employer FLOYD COUNTY MEDICAL CENTER	Occupation PHYSICIAN
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 13 2018

Transaction ID : SA11A.94742

Amount of Each Receipt this Period

900.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LYDMAN, RALPH, K., MR.,**

Mailing Address 100 VILLAGE VIEW CIR APT 105

City WILLIAMSBURG	State IA	Zip Code 52361-9685
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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 ▼  
577.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2018

Transaction ID : SA11A.94208

Amount of Each Receipt this Period

33.00

☐ Memo Item  
CONTRIBUTION

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

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

983.00