

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JONI FOR IOWA

Full Name (Last, First, Middle Initial) A. IVERSON, MARC, , ,				Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018	
Mailing Address 1500 BEVINGTON PL					
City CHARLOTTE		State NC	Zip Code 28277		FEC Identification Number C
Purpose of Disbursement LOST CHECK ISSUED 6/30/17 - DISGORGED				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For: 2014		Amount of Each Disbursement this Period	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		- 750.00	
State: District:				Transaction ID : SB20A002 <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. WINSLOW, CLARK, , ,				Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2018	
Mailing Address 1205 FRENCH CREEK DR					
City WAYZATA		State MN	Zip Code 55391		FEC Identification Number C
Purpose of Disbursement LOST CHECK ISSUED 2/10/17 - DISGORGED				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For: 2014		Amount of Each Disbursement this Period	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		- 1000.00	
State: District:				Transaction ID : SB20A001 <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C.				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		FEC Identification Number C
Purpose of Disbursement				<input type="checkbox"/>	
Candidate Name				Category/ Type	
Office Sought:		Disbursement For:		Amount of Each Disbursement this Period	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				- 1750.00	
TOTAL This Period (last page this line number only).....▶				- 1750.00	