

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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NAME OF COMMITTEE (In Full)
KEVIN JONES FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) Coffman, Adam, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2017		
Mailing Address PSC 2 Box 5899			Transaction ID : SA11AI.4223		
City APO	State AE	Zip Code 09012	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer United States Airforce		Occupation Pilot			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1000.00			

B. Full Name (Last, First, Middle Initial) Donoghue, Debra, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2017		
Mailing Address PO Box 203			Transaction ID : SA11AI.4232		
City Wellsville	State KS	Zip Code 66092-0203	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Ransom Memorial Hospital		Occupation Nurse			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 300.00			

C. Full Name (Last, First, Middle Initial) Egan, Donna, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2017		
Mailing Address 4655 Osage Beach Pkwy Suite A			Transaction ID : SA11AI.4206		
City Osage Beach	State MO	Zip Code 65065	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer None		Occupation RETIRED			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 500.00			

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

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