

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 OF 2158

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN JAMES FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

HANDZINSKI, EUGENE, , ,

A.

Mailing Address 44389 THUNDER BAY DR

City

CLINTON TOWNSHIP

State

MI

Zip Code

48038

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL MOTORSOccupation
ENGINEER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2019

Transaction ID : SA11AI.103720

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.93423]

Full Name (Last, First, Middle Initial)

HANDZINSKI, EUGENE, , ,

B.

Mailing Address 44389 THUNDER BAY DR

City

CLINTON TOWNSHIP

State

MI

Zip Code

48038

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL MOTORSOccupation
ENGINEER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2019

Transaction ID : SA11AI.109478

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.93440]

Full Name (Last, First, Middle Initial)

HANEY, SCOTT, , ,

C.

Mailing Address 1849 EGRET STREET

City

BYRON CENTER

State

MI

Zip Code

49315

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHODONTIC PARTNERSOccupation
VP FINANCE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2019

Transaction ID : SA11AI.103028

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.93417]

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

600.00

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