

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

PAGE 3019 OF 3679

<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)  
**JONI FOR IOWA**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2062995.05

Date of Receipt

M M	D D	Y Y Y Y
03	24	2020

Transaction ID : SA11C.18931236486

Amount of Each Receipt this Period

50.00
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☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**YOUNGS, THOMAS, , ,**

Mailing Address 1450 RAINTREE LANE

City MOUNT DORA State FL Zip Code 32757-9520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ZELLWIN FARMS COMPANY AGRICULTURAL

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M	D D	Y Y Y Y
03	16	2020

Transaction ID : SA11A.197027

Amount of Each Receipt this Period

50.00
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☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2062995.05

Date of Receipt

M M	D D	Y Y Y Y
03	24	2020

Transaction ID : SA11C.18931236487

Amount of Each Receipt this Period

50.00
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☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50.00
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