

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)

PAGE 169 OF 802

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hiral for Congress

A. Full Name (Last, First, Middle Initial)
Eck, John, , ,

Mailing Address 3831 N Jokake Dr

City Scottsdale	State AZ	Zip Code 85251-4233
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Atlas CPAs	Occupation CPA
--------------------------------	-------------------

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

Election Cycle-to-Date ▼
 400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : VTR3SJYZP64

Amount of Each Receipt this Period

200.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Eckstein, John, , ,

Mailing Address 2149 E Rancho Dr
Street Address 2

City Phoenix	State AZ	Zip Code 85016-2719
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Mayo Clinic	Occupation Physician
---------------------------------	-------------------------

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

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2019

Transaction ID : VTR3SK24147

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Eckstein, John, , ,

Mailing Address 2149 E Rancho Dr
Street Address 2

City Phoenix	State AZ	Zip Code 85016-2719
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Mayo Clinic	Occupation Physician
---------------------------------	-------------------------

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

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2019

Transaction ID : VTR3SKGJB48

Amount of Each Receipt this Period

- 200.00

☒ Memo Item

* Redesignate from Primary to General

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

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

1200.00