

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

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELWELL, DENNIS, , ,

Mailing Address PO BOX 187

City
ANKENYState
IAZip Code
50021-0187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DENNY ELWELL COMPANYOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 13 | 2018 |

Transaction ID : AE6B40F40A06F4D58BD3

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN LENT, JOE, , ,Mailing Address 300 WALNUT ST
UNIT

City

DES MOINES

State
IAZip Code
50309-2249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 16 | 2018 |

Transaction ID : A9A132DE54B86412AB8B

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLTMAN, MICHAEL, , ,

Mailing Address PO BOX 10

City

SWISHER

State
IAZip Code
52338-0010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WELAND CLINICAL LABORATORIESOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 16 | 2018 |

Transaction ID : A674430B63B514AF89CE

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

6800.00

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