

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

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NAME OF COMMITTEE (In Full)  
**YOUNG FOR IOWA, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**KNEIFL, DIANE, RAY, MS.,**

Mailing Address 606 OAK ST

City SCRANTON	State IA	Zip Code 51462-8414
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 27 2018

Transaction ID : A9271D48E016244FD8D6

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ANNETT, HARROLD, W, ,**

Mailing Address 5525 SW 63RD ST

City DES MOINES	State IA	Zip Code 50321-9608
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANNETT HOLDING	Occupation EXECUTIVE
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2018

Transaction ID : A8D8B528D912F4E878AB

Amount of Each Receipt this Period

5000.00

☐ Memo Item

REATTRIBUTION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**MARMOR, DAVID, B, ,**

Mailing Address 9337 HARDING AVENUE

City EVANSTON	State IL	Zip Code 60203-1320
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FEC ID number of contributing federal political committee. **C**

Name of Employer NORTH SHORE UNIVERSITY HEALTHCARE S	Occupation PHYSICIAN
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Receipt For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 25 2018

Transaction ID : A8FAD6228990C4858B99

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

5450.00