

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

JOHN JAMES FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) ALLEN, JOYCE, M, , Mailing Address 6000 RIVERSIDE DR			Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2020 Transaction ID : SA11AI.174961	
City DUBLIN	State OH	Zip Code 43017	Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED Occupation RETIRED				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 900.00	
B. Full Name (Last, First, Middle Initial) ALLEN, MARY, ANN, , Mailing Address 5742 HEGEL RD			Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2020 Transaction ID : SA11AI.204542	
City GOODRICH	State MI	Zip Code 48438	Amount of Each Receipt this Period 75.00 <input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED Occupation RETIRED				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 600.00	
C. Full Name (Last, First, Middle Initial) ALLEN, PAMELA, , , Mailing Address 5160 BROOKESTONE DR NE			Date of Receipt M M / D D / Y Y Y Y Y 02 / 29 / 2020 Transaction ID : SA11AI.221672	
City ROCKFORD	State MI	Zip Code 49341	Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11A1.164869]	
FEC ID number of contributing federal political committee. C				
Name of Employer ALTA PRO INSURANCE Occupation AGENT				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 308.96	
SUBTOTAL of Receipts This Page (optional)..... ▶			375.00	
TOTAL This Period (last page this line number only)..... ▶				