

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)
JOHN JAMES FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) MORSE, CHARLES, T, ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2020		
Mailing Address 2010 BOND ST			Transaction ID : SA11AI.230437		
City NILES	State MI	Zip Code 49120	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. C		Memo Item EARMARKED THROUGH WINRED [SA11AI.164874]			
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 ▼ _____ 350.00			
B. Full Name (Last, First, Middle Initial) MORSE, DONALD, J, MR,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2020		
Mailing Address 7800 BURT RD			Transaction ID : SA11AI.204691		
City BIRCH RUN	State MI	Zip Code 48415	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer SELF-EMPLOYED		Occupation FARMER			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00			
C. Full Name (Last, First, Middle Initial) MORSE, RICHARD, H, MR,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 28 / 2020		
Mailing Address 251 WASHINGTON ST			Transaction ID : SA11AI.182546		
City DUXBURY	State MA	Zip Code 02332	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 350.00		
TOTAL This Period (last page this line number only)..... ▶			_____		