

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 196 OF 627

☒ 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)
JONI FOR IOWA

A. Full Name (Last, First, Middle Initial)
MCDONALD, TOM, , MR.,

Mailing Address 1050 CONNECTICUT AVE NW #1100

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20036-5318 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------------|-----------------------|
| Name of Employer VORYS LLP | Occupation PARTNER |
|-------------------------------|-----------------------|

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

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11A.97428

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCHOSE, RONALD, R., ,

Mailing Address 635 SE SOUTHFORK DR.

| | | |
|----------------|-------------|------------------------|
| City WAUKEE | State IA | Zip Code 50263-9585 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------|-------------------------|
| Name of Employer BMC | Occupation PHYSICIAN |
|-------------------------|-------------------------|

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

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11A.99004

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MCMURRAY, DAVID, , MR.,

Mailing Address 10 CASCADE TER

| | | |
|--------------------|-------------|------------------------|
| City BURLINGTON | State IA | Zip Code 52601-6516 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------------|
| Name of Employer SELF-EMPLOYED | Occupation BUSINESS MANAGEMENT |
|-----------------------------------|-----------------------------------|

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

Election Cycle-to-Date ▼
347.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2019

Transaction ID : SA11A.97449

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

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

1175.00