



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Sherzan For Iowa, Inc.**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 27585.24                | 27585.24                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 27585.24                | 27585.24                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 7298.15                 | 7298.15                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 7298.15                 | 7298.15                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 220287.09               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 200000.00               |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Sherzan For Iowa, Inc.**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 21250.00                              | 21250.00                                   |
| (ii) Unitemized.....   | 350.00                                | 350.00                                     |
| (iii) TOTAL of contributions from individuals ▶  | 21600.00                              | 21600.00                                   |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 0.00                                  | 0.00                                       |
| (d) The Candidate.....   | 5985.24                               | 5985.24                                    |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 27585.24                              | 27585.24                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 200000.00                             | 200000.00                                  |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 200000.00                             | 200000.00                                  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 227585.24                             | 227585.24                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 7298.15                       | 7298.15                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 7298.15                       | 7298.15                            |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00      |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 227585.24 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 227585.24 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 7298.15   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 220287.09 |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 5 OF 18 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Michael F. Dura**

Mailing Address 809 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Tejas Inc Occupation Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VN8FFDMG3D9**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael F. Dura**

Mailing Address 809 Huntington Ct

City Albany State NY Zip Code 12203-6015

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

Name of Employer Tejas Inc Occupation Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VN8FFDMG3E7**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Frischmeyer**

Mailing Address PO Box 898

City Fort Dodge State IA Zip Code 50501-0898

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

Name of Employer Frischmeyer and Associates Occupation Investment Representative/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VN8FFDKR1P6**

Amount of Each Receipt this Period  
500.00

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

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

5900.00

**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 6 OF 18 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Alan M. Glazner**

Mailing Address 1504 Baffin Bay Dr

City State Zip Code  
Plano TX 75075-2204

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

Name of Employer Occupation  
Wells Fargo Financial Planner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : VN8FFDM91Y3**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben Hildebrandt**

Mailing Address 2607 Emma Ave

City State Zip Code  
Des Moines IA 50321-2875

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

Name of Employer Occupation  
Belin McCormick Attorneys at Law Director level

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8FFDM10T8**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**George Kotlers**

Mailing Address PO Box 691

City State Zip Code  
Ames IA 50010-0691

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : VN8FFDKTCW1**

Amount of Each Receipt this Period  
1000.00

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

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

3950.00

**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 7 OF 18 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Lyle**

Mailing Address 6235 Cypress Bend Court

City Bradenton State FL Zip Code 34201

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

Name of Employer Global Financial Private Capital, LLC Occupation Financial Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : VN8FFDKXEN5**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Maggio**

Mailing Address 5 Towncreek Dr. Apt. 504

City Elmhurst State IL Zip Code 60126

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

Name of Employer Rosemont Corp. Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VN8FFDKTCX9**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Juanita A Marasco**

Mailing Address 3009 SW 29th St

City Des Moines State IA Zip Code 50321-1407

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VN8FFDMG3G3**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 8 OF 18 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mason McKinnie**

Mailing Address 21 E Peter Ln

City Hawthorn Woods State IL Zip Code 60047-7510

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

Name of Employer: Principal Financial Group Occupation: Internal Wholesaler

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 29 / 2015

**Transaction ID : VN8FFDMG3N2**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dana Ramundt**

Mailing Address 12345 University Ave Ste 300

City Des Moines State IA Zip Code 50325-8284

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

Name of Employer: The Dana Company Occupation: Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 21 / 2015

**Transaction ID : VN8FFDKW1G9**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**William Reynolds**

Mailing Address 1404 K St SE Apt 2

City Washington State DC Zip Code 20003-3225

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

Name of Employer: SEIU Occupation: National Campaign Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 11 / 2015

**Transaction ID : VN8FFDKH0E4**

Amount of Each Receipt this Period: 1000.00

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

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

2000.00

**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 9 OF 18 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : VN8FFDM91S4**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : VN8FFDM91T2**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald C Timmins**

Mailing Address 8409 NE 54th Ave

City State Zip Code  
Altoona IA 50009-9529

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

Name of Employer Occupation  
Walter Timmins & Co CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 29 2015

**Transaction ID : VN8FFDMG3P0**

Amount of Each Receipt this Period  
1000.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Emily T. Timmins**

Mailing Address 36733 Beachwood Dr

City State Zip Code  
Cumming IA 50061-4453

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 29 2015

**Transaction ID : VN8FFDMG3Q8**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Connie Wimer**

Mailing Address 100 4th St  
Unit 109

City State Zip Code  
Des Moines IA 50309-4742

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

Name of Employer Occupation  
Business Publications Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 24 2015

**Transaction ID : VN8FFDKX1B8**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey A Ziesman**

Mailing Address 14808 W 74th St

City State Zip Code  
Shawnee KS 66216-5514

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

Name of Employer Occupation  
Bryan Cave Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 18 2015

**Transaction ID : VN8FFDMG3F5**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

21250.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 11 OF 18 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mike T Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

FEC ID number of contributing federal political committee. **C H6IA03243**

Name of Employer Occupation  
Bankers Financial Services, LLC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2015    |

**Transaction ID : VN8FFDMMT3**

Amount of Each Receipt this Period  
52.00

\* In-Kind: PO Box Rental

**B.** Full Name (Last, First, Middle Initial)  
**Mike T Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

FEC ID number of contributing federal political committee. **C H6IA03243**

Name of Employer Occupation  
Bankers Financial Services, LLC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
152.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 17  |   | 2015    |

**Transaction ID : VN8FFDKGD2**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mike T Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

FEC ID number of contributing federal political committee. **C H6IA03243**

Name of Employer Occupation  
Bankers Financial Services, LLC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2852.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 18  |   | 2015    |

**Transaction ID : VN8FFDMMV27**

Amount of Each Receipt this Period  
2700.00

\* In-Kind: Software Purchase

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

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

2852.00

**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 12 OF 18                                 |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input checked="" type="checkbox"/> 11d<br>14 |
|   |                                     |                                     | <input type="checkbox"/> 15                   |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike T Sherzan</b>       |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 01 / 2015 |
| Mailing Address 6775 Booneville Rd  |   | <b>Transaction ID : VN8FFDMMTX7</b>                          |
| City<br>West Des Moines   | State<br>IA   |  |
| Zip Code<br>50266-8093  |   | Amount of Each Receipt this Period<br>2100.00                |
| FEC ID number of contributing federal political committee.<br>C H6IA03243 | Name of Employer<br>Bankers Financial Services, LLC   | * In-Kind: Office Rent                                       |
| Occupation<br>President   | Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Election Cycle-to-Date<br>4952.00   |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike T Sherzan</b>       |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 29 / 2015 |
| Mailing Address 6775 Booneville Rd  |   | <b>Transaction ID : VN8FFDMMV01</b>                          |
| City<br>West Des Moines   | State<br>IA   |  |
| Zip Code<br>50266-8093  |   | Amount of Each Receipt this Period<br>583.25                 |
| FEC ID number of contributing federal political committee.<br>C H6IA03243 | Name of Employer<br>Bankers Financial Services, LLC   | * In-Kind: Printing  |
| Occupation<br>President   | Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Election Cycle-to-Date<br>5535.25   |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mike T Sherzan</b>       |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>12 / 30 / 2015 |
| Mailing Address 6775 Booneville Rd  |   | <b>Transaction ID : VN8FFDMMTW9</b>                          |
| City<br>West Des Moines   | State<br>IA   |  |
| Zip Code<br>50266-8093  |   | Amount of Each Receipt this Period<br>441.80                 |
| FEC ID number of contributing federal political committee.<br>C H6IA03243 | Name of Employer<br>Bankers Financial Services, LLC   | * In-Kind: Meals   |
| Occupation<br>President   | Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| Election Cycle-to-Date<br>5977.05   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3125.05 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**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 13 OF 18 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mike T Sherzan**

Mailing Address 6775 Booneville Rd

City West Des Moines      State IA      Zip Code 50266-8093

FEC ID number of contributing federal political committee. **C** H6IA03243

Name of Employer Bankers Financial Services, LLC      Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5985.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VN8FFDMMV19**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 8.19

\* In-Kind: Shipping

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

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ 8.19

\_\_\_\_\_ 5985.24

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

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

FOR LINE NUMBER: PAGE 14 OF 18  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mike T Sherzan**

Mailing Address 6775 Booneville Rd

City State Zip Code  
West Des Moines IA 50266-8093

FEC ID number of contributing federal political committee. **C** H6IA03243

Name of Employer Occupation  
Bankers Financial Services, LLC President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
200000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : VN8FFDMQP42**

Amount of Each Receipt this Period  
200000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

200000.00

200000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 15 OF 18                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Todd Rueter</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015 |
| Mailing Address 615 E 14th St   |  | Amount of Each Disbursement this Period<br>1050.00            |
| City Des Moines   | State IA Zip Code 50316-3508   |   |
| Purpose of Disbursement<br>Office Space Rent  | Category/Type  | <b>Transaction ID : VN7G79VG656</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike T Sherzan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 09 / 2015 |
| Mailing Address 6775 Booneville Rd  |  | Amount of Each Disbursement this Period<br>52.00              |
| City West Des Moines  | State IA Zip Code 50266-8093   |   |
| Purpose of Disbursement<br>PO Box Rental  | Category/Type  | <b>Transaction ID : VN8FFDMMTZ3I</b>                          |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mike T Sherzan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 18 / 2015 |
| Mailing Address 6775 Booneville Rd  |  | Amount of Each Disbursement this Period<br>2700.00            |
| City West Des Moines  | State IA Zip Code 50266-8093   |   |
| Purpose of Disbursement<br>Software Purchase  | Category/Type  | <b>Transaction ID : VN8FFDMMV27I</b>                          |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3802.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 16 OF 18                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike T Sherzan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2015 |
| Mailing Address 6775 Booneville Rd  |  | Amount of Each Disbursement this Period<br>2100.00            |
| City<br>West Des Moines   | State<br>IA  |   |
| Zip Code<br>50266-8093  | Purpose of Disbursement<br>Office Rent   | Transaction ID : VN8FFDMMTX7I                                 |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike T Sherzan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 29 / 2015 |
| Mailing Address 6775 Booneville Rd  |  | Amount of Each Disbursement this Period<br>583.25             |
| City<br>West Des Moines   | State<br>IA  |   |
| Zip Code<br>50266-8093  | Purpose of Disbursement<br>Printing  | Transaction ID : VN8FFDMMV01I                                 |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mike T Sherzan</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2015 |
| Mailing Address 6775 Booneville Rd  |  | Amount of Each Disbursement this Period<br>441.80             |
| City<br>West Des Moines   | State<br>IA  |   |
| Zip Code<br>50266-8093  | Purpose of Disbursement<br>Meals   | Transaction ID : VN8FFDMMTW9I                                 |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | * In-Kind Received  |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3125.05 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 17 OF 18   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Sherzan For Iowa, Inc.**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike T Sherzan</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 31 / 2015 |
| Mailing Address 6775 Booneville Rd   |                              | Amount of Each Disbursement this Period<br>8.19               |
| City West Des Moines   | State IA Zip Code 50266-8093 |   |
| Purpose of Disbursement<br>Shipping  | Candidate Name               | Transaction ID : VN8FFDMMV19I                                 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   |                              | * In-Kind Received  |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Wildfire Contact, LLC</b>                                       |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 18 / 2015 |
| Mailing Address 818 Connecticut Ave NW Ste 200   |                              | Amount of Each Disbursement this Period<br>362.91             |
| City Washington  | State DC Zip Code 20006-2742 |   |
| Purpose of Disbursement<br>Printing of Campaign Materials  | Candidate Name               | Transaction ID : VN7G79VE6Y9                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                              |   |
| State: District:   |                              |   |

|  |                |   |
|--|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |                | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |                | Amount of Each Disbursement this Period     |
| City   | State Zip Code |   |
| Purpose of Disbursement  | Candidate Name |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                |   |
| State: District:   |                |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 371.10  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 7298.15 |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Sherzan For Iowa, Inc.** Transaction ID : VN8FFDMQP42L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2016  
**Mike T Sherzan**  Primary  
 Mailing Address General  
 6775 Booneville Rd  Other (specify) ▼

City State ZIP Code  
 West Des Moines IA 50266-8093

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 200000.00               | 0.00                       | 200000.00                                   |

**TERMS**

|                      |                      |               |   |
|----------------------|----------------------|---------------|---|
| Date Incurred        | Date Due             | Interest Rate | Secured:  |
| M 12 / D 31 / Y 2015 | M 12 / D 31 / Y 2020 | none % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|  |                                    |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

|  |           |
|--|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | 200000.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | 200000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.