



IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND

2001 Forest Avenue
Des Moines, IA 50311
ph 515.282.0484
fx 515.283.0031
www.cciaction.org

October 15, 2014

To whom it may concern,

Please find attached the 3rd Quarter report from Iowa Citizens for Community Improvement Action Fund.

Sincerely,

Hugh Espey
Executive Director

2014-10-15 11:11 AM

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Iowa Citizens for Community Improvement Action Fund	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 Forest Avenue	
(c) City, State and ZIP Code Des Moines, IA 50311	3. FEC Identification Number C 9 0 0 1 3 8 9 7
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD:
FROM 09 ' 10 ' 2014
THROUGH 09 ' 30 ' 2014

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES 14,026.66

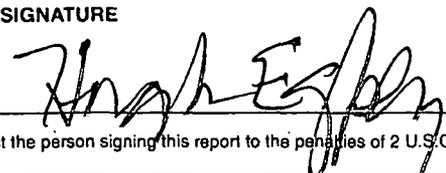
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Hugh Espey

 10/15/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 2,270.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,270.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 474.50
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,744.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 290.62
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,035.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3,035.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	.
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Carrie Fisher		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 294.97
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,330.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Michael Patz		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 215.86
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,545.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee L C Printing		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 401 SW 8th Street		Amount 1,450.61
City Des Moines	State IA	
Zip Code 50309		
Purpose of Expenditure Door hangers/Palm cards	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4,996.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,961.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee US Cellular		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address Dept. 0205		Amount 628.44
City Palatine	State IL	
Zip Code 60055		
Purpose of Expenditure iPad minis, data plan for canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,625.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gateway Market		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2002 Woodland Avenue		Amount 154.95
City Des Moines	State IA	
Zip Code 50312		
Purpose of Expenditure food for canvassers	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,779.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Office Max		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2700 Ingersoll Avenue		Amount 65.16
City Des Moines	State IA	
Zip Code 50312		
Purpose of Expenditure canvassing supplies	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,845.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	848.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

FROM THE FORMS

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Karla Bromwell		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4'
Mailing Address 2001 Forest Avenue		Amount 107.02
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,952.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4'
Mailing Address 2001 Forest Avenue		Amount 70.07
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,022.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4'
Mailing Address 2001 Forest Avenue		Amount 119.45
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,141.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	296.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Hugh Espey		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 501.21
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,642.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Bridget Fagan		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 80.83
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure canvassing, material development	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,723.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Emily Harmon		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 30.56
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,754.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	612.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

FROM THE FUND

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Adam Mason	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 405.64
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,159.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jess Mazour	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 47.16
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,207.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Natalie Snyders	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 111.10
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing; advertisement development	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,318.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	563.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Sharon Zanders-Ackiss		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 46.70
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,364.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Katie Bryan		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 192.67
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,557.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	239.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

15001 1111 10000

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 2,270.00
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,270.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 564.50
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,834.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 0 9 / 1 0 / 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 290.63
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,125.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3,125.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Carrie Fisher	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 294.98
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,420.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Michael Patz	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 215.87
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,635.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee L C Printing	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 401 SW 8th Street	Amount 1,450.61
City State Zip Code Des Moines IA 50309	

Purpose of Expenditure Door hangers/Palm cards	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,086.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,961.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee US Cellular		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address Dept. 0205		Amount 628.44
City Palatine	State IL	
Zip Code 60055		
Purpose of Expenditure iPad minis, data plan for canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,715.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Gateway Market		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2002 Woodland Avenue		Amount 154.95
City Des Moines	State IA	
Zip Code 50312		
Purpose of Expenditure food for canvassers	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,869.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Office Max		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2700 Ingersoll Avenue		Amount 65.16
City Des Moines	State IA	
Zip Code 50312		
Purpose of Expenditure canvassing supplies	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,935.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	848.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Karla Bromwell		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 15.28
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,950.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 70.07
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,020.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue		Amount 19.91
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,040.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	105.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Hugh Espey		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 59.47
City Des Moines	State IA	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,099.87
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Bridget Fagan		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 80.82
City Des Moines	State IA	
Purpose of Expenditure canvassing, material development	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,180.69
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Emily Harmon		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 30.56
City Des Moines	State IA	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,211.25
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	170.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Adam Mason		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 73.13
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,284.38
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jess Mazour		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 47.16
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,331.54
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Natalie Snyders		Date of Public Distribution/Dissemination 0 9 ' 1 0 ' 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 90.90
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing; advertisement development	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		6,422.44
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	211.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Sharon Zanders-Ackiss	Date of Public Distribution/Dissemination 09 / 10 / 2014
Mailing Address 2001 Forest Avenue	Amount 46.70
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,469.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	46.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14,026.66

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/15/2014</i>
<i>J3</i> PREPARER (8/2013)	<i>10/16/2014</i> DATE PREPARED

FORM 1001-10000