

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
JOBS, OPPORTUNITY AND NEW IDEAS PAC

ADDRESS (number and street) PO BOX 93441  
Check if different than previously reported. (ACC) DES MOINES IA 50393

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00566851 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer CABELL HOBBS

Signature of Treasurer CABELL HOBBS [Electronically Filed] Date 07 / 31 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="12811.44"/>	<input type="text" value="12811.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12811.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="564789.55"/>	<input type="text" value="564789.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="577600.99"/>	<input type="text" value="577600.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="391107.16"/>	<input type="text" value="391107.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186493.83"/>	<input type="text" value="186493.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**JOB, OPPORTUNITY AND NEW IDEAS PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	437440.00	437440.00
(ii) Unitemized .....	71687.10	71687.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	509127.10	509127.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	35000.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	544127.10	544127.10
12. Transfers From Affiliated/Other Party Committees.....	20653.82	20653.82
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8.63	8.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	564789.55	564789.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	564789.55	564789.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	331107.16	331107.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	331107.16	331107.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	45000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	15000.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	391107.16	391107.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	391107.16	391107.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	544127.10	544127.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	544127.10	544127.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	331107.16	331107.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	331107.16	331107.16

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XN  
Transaction ID :

All solicitations to prospective donors include the following statement: "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in an election cycle." If the individual fails to respond to the initial request, the Committee sends a stand-alone follow-up letter requesting the same information. The letter includes a pre-addressed, stamped envelope and contains the following statement: "Federal law requires that we obtain the attached information regarding your occupation and employment. Please complete the attached form and return it to us as soon as possible in the enclosed envelope." The Committee then discloses any updated contributor information it receives by filing memo Schedule A's in a timely manner with its next regular report or by filing an amended report. If the individual fails to respond to the Committee's requests, the Committee reports donor information pursuant to the guidelines in 11 CFR 104.7(b)(3) and 11 CFR 104.7(b)(4).

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. GUY M. BOWERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 8090  
 City RUIDOSO State NM Zip Code 88355-8090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2015  
**Transaction ID : SA11.56936**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. HOWARD GROFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9832 CALVIN AVE  
 City NORTHRIDGE State CA Zip Code 91324-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORTHWEST EXCAVATING CONTRACTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2015  
**Transaction ID : SA11.57026**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. SUSAN GROFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9832 CALVIN AVE  
 City NORTHRIDGE State CA Zip Code 91324-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORTHWEST EXCAVATING CONTRACTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2015  
**Transaction ID : SA11.57027**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. DIANNE PADGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10803 BURGOYNE ROAD  
 City HOUSTON State TX Zip Code 77042-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF - PADGETT EXPLORATION Occupation CONSULTING GEOPHYSICIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 01 / 18 / 2015  
**Transaction ID : SA11.57023**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**B. JAMES ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3818 THORNTON AVE  
 City DES MOINES State IA Zip Code 50321-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AE DAIRY Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : SA11.57104**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. BRIAN REYNOLDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 GALLERIA PARKWAY SUITE 1950  
 City ATLANTA State GA Zip Code 30339-5989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHATHAM CAPITAL Occupation MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : SA11.57112**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1545.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. DALE BENSON**

Mailing Address 6416 SW LOOP DR

City PORTLAND State OR Zip Code 97221-3385

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 01 / 20 / 2015  
**Transaction ID : SA11.57137**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

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

Mailing Address 3412 NEWBURY STREET

City MANHATTAN State KS Zip Code 66503-0314

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

Name of Employer KANSAS STATE UNIVERSITY Occupation PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 01 / 20 / 2015  
**Transaction ID : SA11.57064**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

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

Mailing Address 4314 ARGENTINA CIRCLE

City PASADENA State TX Zip Code 77504-2502

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

Name of Employer RAY-WRIGHT PUMPS Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 01 / 21 / 2015  
**Transaction ID : SA11.57041**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. PETER FARRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 7220 ROMERO DRIVE

City LA JOLLA State CA Zip Code 92037-5633

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

Name of Employer RES MED Occupation CHAIRMAN AND FOUNDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2015  
**Transaction ID : SA11.57170**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**B. MR. TATNALL L. HILLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611-1228

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2015  
**Transaction ID : SA11.57231**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 11601 WILSHIRE BLVD  
STE 1840

City LOS ANGELES State CA Zip Code 90025-1754

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : SA11.57229**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MARK EILERS**

Mailing Address 2355 220TH STREET

City State Zip Code  
CLARINDA IA 51632-4510

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

Name of Employer Occupation  
EILERS BROTHERS,CORP. FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : SA11.57220

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 100 CORPORATE PKWY  
SUITE 130

City State Zip Code  
AMHERST NY 14226-1200

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015

Transaction ID : SA11.56941

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 2300 CLARENDON BLVD  
SUITE 1306

City State Zip Code  
ARLINGTON VA 22201-3386

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2015

Transaction ID : SA11.56942

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. ROBERT LUDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4641 PARAGON PARK ROAD  
 City RALEIGH State NC Zip Code 27616-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.56939**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. GEORGE RIGTERINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 POND VIEW DRIVE  
 City DEVON State PA Zip Code 19333-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.56940**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. DAVID SOKOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2080  
 City WILSON State WY Zip Code 83014-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TETON CAPITAL LLC Occupation BUSINESS EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 04 / 2015  
**Transaction ID : SA11.56937**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. PEGGY SOKOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2080  
 City WILSON State WY Zip Code 83014-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **02 / 04 / 2015**  
**Transaction ID : SA11.56938**  
 Amount of Each Receipt this Period: **2500.00**  
**CONTRIBUTION**

**B. JAMES STANARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 LINDEN LANE  
 City CHATHAM State NJ Zip Code 07928-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 10 / 2015**  
**Transaction ID : SA11.57256**  
 Amount of Each Receipt this Period: **5000.00**  
**CONTRIBUTION**

**C. MR. THOMAS MCINERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 BLUFF POINT  
 City WESTPORT State CT Zip Code 06880-6902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **BLUFF POINT ASSOC.** Occupation: **INVESTOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 11 / 2015**  
**Transaction ID : SA11.56945**  
 Amount of Each Receipt this Period: **5000.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **12500.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. THOMAS MCKERNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1070 FALLEN LEAF ROAD  
 City ARCADIA State CA Zip Code 91006-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : SA11.56946**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**B. MR. ANDREW SABIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 PANTIGO PL  
 City EAST HAMPTON State NY Zip Code 11937-2684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 11 / 2015**  
**Transaction ID : SA11.56944**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**C. JOHN PAUL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40962 BROTHERS AVE  
 City HENDERSON State IA Zip Code 51541-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WESTERN IOWA MUTUAL INSURANCE Occupation MANAGER/PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : SA11.57267**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. JAMES E. DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 607  
 City RUSTON State LA Zip Code 71273-0607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JEDSOFFICE@BELLSOUTH.NET Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 13 / 2015  
**Transaction ID : SA11.56948**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. STANLEY HUBBARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3415 UNIVERSITY AVENUE  
 City ST. PAUL State MN Zip Code 55114-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUBBARD BROADCASTING, INC. Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 18 / 2015  
**Transaction ID : SA11.56949**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. FRANCIS ROONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 ADMIRALTY PARADE  
 City NAPLES State FL Zip Code 34102-7875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROONEY HOLDINGS Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2015  
**Transaction ID : SA11.56950**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. COURT PRISK**

Mailing Address PTY 11826, 7801 NW 37TH ST

City DORAL State FL Zip Code 33166-6503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2015  
**Transaction ID : SA11.57308**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2468 / 557 E. BROADWAY  
5505 FISH CREEK RD.

City JACKSON State WY Zip Code 83001-2468

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2015  
**Transaction ID : SA11.57313**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 400 GALLERIA PARKWAY

City ATLANTA State GA Zip Code 30339-5980

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

Name of Employer CHATHAM CAPITAL Occupation MANAGING PARTNER FUND MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11.57282**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. GARY RUEBEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1596 NE 58TH AVENUE  
 City DES MOINES State IA Zip Code 50313-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHEMORSE Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2015  
**Transaction ID : SA11.57295**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. KIM WALTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 OAK PARK RD  
 City ADKINS State TX Zip Code 78101-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPARTMENT OF DEFENSE Occupation LAND MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : SA11.57350**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. PETER MAGYAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 NEWBURY STREET  
 City MANHATTAN State KS Zip Code 66503-0314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KANSAS STATE UNIVERSITY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : SA11.57335**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. DIANNE PADGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10803 BURGOYNE ROAD  
 City HOUSTON State TX Zip Code 77042-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF - PADGETT EXPLORATION Occupation CONSULTING GEOPHYSICIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **02 / 25 / 2015**  
**Transaction ID : SA11.57338**  
 Amount of Each Receipt this Period **45.00**  
 CONTRIBUTION

**B. MRS. PATRICIA L. CHAZEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1229  
 City BELLAIRE State TX Zip Code 77402-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNEMPLOYED Occupation UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11.56952**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**C. MR. STEPHEN I. CHAZEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1229  
 City BELLAIRE State TX Zip Code 77402-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORPORATE OFFICER Occupation OCCIDENTAL PETROLEUM  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11.56951**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **10045.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. CHARLES P. JOYCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 483  
 City State Zip Code  
 WELLSVILLE NY 14895-0483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OTIS EASTON SERVICE LLC EXECUTIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11.56953**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. JEFF BRINCAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 629 LAKE RD  
 City State Zip Code  
 LAKE FOREST IL 60045-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CFS CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.56959**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. RIC KAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10100 SANTA MONICA BLVD  
 SUITE 1050  
 City State Zip Code  
 LOS ANGELES CA 90067-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11.56956**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. DIANA MERCER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1507

City State Zip Code  
STONY BROOK NY 11790-0589

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.56958**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address PO BOX 1507

City State Zip Code  
STONY BROOK NY 11790-0589

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

Name of Employer Occupation  
RENAISSANCE TECHNOLOGIES LLC FINANCIAL CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : SA11.56957**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. MR. EDWARD A. BABKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1835 LINKS GLEN DR

City State Zip Code  
DUBUQUE IA 52003-7721

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : SA11.56963**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. KENNETH COOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 12545 FORESTVIEW CT

City COUNCIL BLUFFS State IA Zip Code 51503-

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

Name of Employer EAST CAMPUS REALTY, LLC Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : SA11.57383**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 172 OAK PARK RD

City ADKINS State TX Zip Code 78101-2408

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

Name of Employer DEPARTMENT OF DEFENSE Occupation LAND MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2015  
**Transaction ID : SA11.57378**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address 1101 SKOKIE BLVD 300

City NORTHBROOK State IL Zip Code 60062-4126

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

Name of Employer KAPSTONE PAPER AND PACKAGING CORP. Occupation CHM AND CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11.57391**

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. HAROLD W. ANNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1774  
 City DES MOINES State IA Zip Code 50306-1774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANNETT HOLDINGS, INC. Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : SA11.56966**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**B. MARK EILERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2355 220TH STREET  
 City CLARINDA State IA Zip Code 51632-4510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EILERS BROTHERS,CORP. Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : SA11.57401**  
 Amount of Each Receipt this Period **25.00**  
 CONTRIBUTION

**C. MARK EILERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2355 220TH STREET  
 City CLARINDA State IA Zip Code 51632-4510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EILERS BROTHERS,CORP. Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : SA11.57441**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 23 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. TATNALL L. HILLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 W BLEEKER ST  
 City ASPEN State CO Zip Code 81611-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57437**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. PETER MAGYAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 NEWBURY STREET  
 City MANHATTAN State KS Zip Code 66503-0314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KANSAS STATE UNIVERSITY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57408**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. DIANNE PADGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10803 BURGOYNE ROAD  
 City HOUSTON State TX Zip Code 77042-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF - PADGETT EXPLORATION Occupation CONSULTING GEOPHYSICIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57414**  
 Amount of Each Receipt this Period 45.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. JOHN PAUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 40962 BROTHERS AVE

City Henderson State IA Zip Code 51541-4048

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

Name of Employer WESTERN IOWA MUTUAL INSURANCE Occupation MANAGER/PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57398**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address 40962 BROTHERS AVE

City Henderson State IA Zip Code 51541-4048

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

Name of Employer WESTERN IOWA MUTUAL INSURANCE Occupation MANAGER/PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57436**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address PTY 11826, 7801 NW 37TH ST

City DORAL State FL Zip Code 33166-6503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : SA11.57425**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. KIM WALTON**  
 Mailing Address 172 OAK PARK RD  
 City State Zip Code  
 ADKINS TX 78101-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DEPARTMENT OF DEFENSE LAND MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : SA11.57423**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DALE BENSON**  
 Mailing Address 6416 SW LOOP DR  
 City State Zip Code  
 PORTLAND OR 97221-3385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : SA11.57473**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BRADLEY DAVIS**  
 Mailing Address PO BOX 85  
 City State Zip Code  
 CLEAR LAKE IA 50428-0085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GOLD-EAGLE COOPERATIVE CEO / GM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : SA11.57475**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MRS. TERRI DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 52268  
 City MIDLAND State TX Zip Code 79710-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11.56969**  
 Amount of Each Receipt this Period: 5000.00  
**CONTRIBUTION**

**B. MR. TIMOTHY M. DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 52268  
 City MIDLAND State TX Zip Code 79710-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **CROWNQUEST OPERATING** Occupation: **EXECUTIVE**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11.56968**  
 Amount of Each Receipt this Period: 5000.00  
**CONTRIBUTION**

**C. HOLLY FROST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 667  
 City HOUSTON State TX Zip Code 77001-0667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11.56970**  
 Amount of Each Receipt this Period: 5000.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. MICHAEL W. KEMERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1275 COUNTY HIGHWAY J23  
 City CLEARFIELD State IA Zip Code 50840-8814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer QUANTA SERVICES Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.56967**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. KATHALEEN WALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 667  
 City HOUSTON State TX Zip Code 77001-0667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.56971**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. DALE J. ANDRINGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10682 NE 46TH AVE  
 City MITCHELLVILLE State IA Zip Code 50169-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(   
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : SA11.56975**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MARY V. ANDRINGA**

Mailing Address 10682 NE 46TH AVE

City State Zip Code  
MITCHELLVILLE IA 50169-9500

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.56974**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 12545 FORESTVIEW CT

City State Zip Code  
COUNCIL BLUFFS IA 51503-

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

Name of Employer Occupation  
EAST CAMPUS REALTY, LLC EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11.76768**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

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

Mailing Address PO BOX 2620

City State Zip Code  
WATERLOO IA 50704-2620

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

Name of Employer Occupation  
ASPRO, INC. CONSTRUCTION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.56980**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3560.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. HELEN SINCLAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 560TH AVE  
 City MELROSE State IA Zip Code 52569-8502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.56978**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MAURICE SINCLAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 560TH AVE  
 City MELROSE State IA Zip Code 52569-8502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.56979**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. STEVE SUKUP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 NORTH SHORE DR  
 City CLEAR LAKE State IA Zip Code 50428-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUKUP MFG CO Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11.56981**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. ANDREW J. FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 CAULDER AVE  
 City State Zip Code  
 DES MOINES IA 50321-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLYNN WRIGHT MARKETING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2015  
**Transaction ID : SA11.56982**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MRS. DONNA MCANINCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6617 SCENIC RIDGE COURT  
 City State Zip Code  
 JOHNSTON IA 50131-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCANINCH CORPORTATION ADMINISTRATIVE ASSISTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : SA11.57516**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. DOUGLAS MCANINCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6617 SCENIC RIDGE COURT  
 City State Zip Code  
 JOHNSTON IA 50131-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PRESIDENT MCANINCH CORPORATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : SA11.57517**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 31 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. SCOTT DOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 PELICAN DRIVE  
 City State Zip Code  
 COUNCIL BLUFFS IA 51501-8403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DOLL DISTRIBUTING BEER WHOLESALER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : SA11.57518**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. JOHN CATSIMATIDIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 817 FIFTH AVE  
 City State Zip Code  
 NEW YORK NY 10065-7254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNITED REFINING COMPANY CHAIRMAN & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : SA11.56984**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. GERALD M. KIRKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5465 MILLS CIVIC PARKWAY  
 SUITE 400  
 City State Zip Code  
 WEST DES MOINES IA 50266-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KIRKE FINANCIAL OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : SA11.56985**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. CONNIE RUETER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1621 GLEN OAKS DRIVE  
 City WEST DES MOINES State IA Zip Code 50266-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt: 04 / 21 / 2015  
**Transaction ID : SA11.56983**  
 Amount of Each Receipt this Period: 1060.00  
 CONTRIBUTION

**B. MR. DAVID EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1169  
 City COUNCIL BLUFFS State IA Zip Code 51502-1169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **EDWARDS AUTO** Occupation: **OWNER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 24 / 2015  
**Transaction ID : SA11.57523**  
 Amount of Each Receipt this Period: 5000.00  
 CONTRIBUTION

**C. DALE BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6416 SW LOOP DR  
 City PORTLAND State OR Zip Code 97221-3385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 29 / 2015  
**Transaction ID : SA11.76231**  
 Amount of Each Receipt this Period: 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 33 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MARK EILERS**

Mailing Address 2355 220TH STREET

City State Zip Code  
CLARINDA IA 51632-4510

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

Name of Employer Occupation  
EILERS BROTHERS,CORP. FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11.76232**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. TATNALL L. HILLMAN**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11.76235**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 3412 NEWBURY STREET

City State Zip Code  
MANHATTAN KS 66503-0314

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

Name of Employer Occupation  
KANSAS STATE UNIVERSITY PROFESSOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11.76229**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. DIANNE PADGETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 10803 BURGOYNE ROAD

City HOUSTON State TX Zip Code 77042-2719

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

Name of Employer SELF - PADGETT EXPLORATION Occupation CONSULTING GEOPHYSICIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.76226**

Amount of Each Receipt this Period 45.00

CONTRIBUTION

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

Mailing Address 40962 BROTHERS AVE

City HENDERSON State IA Zip Code 51541-4048

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

Name of Employer WESTERN IOWA MUTUAL INSURANCE Occupation MANAGER/PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.76234**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address PTY 11826, 7801 NW 37TH ST

City DORAL State FL Zip Code 33166-6503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : SA11.76230**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL L. BENNETT**

Mailing Address 968 WYNSTONE DRIVE

City State Zip Code  
JEFFERSON SD 57038-6868

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

Name of Employer Occupation  
ENTREPRENEUR ENTREPRENEUR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.56986**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES W. ERICKSON**

Mailing Address 3818 THORNTON AVE

City State Zip Code  
DES MOINES IA 50321-1814

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

Name of Employer Occupation  
ANDERSON-ERICKSON CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.76236**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN D. FORSYTH**

Mailing Address 2433 JORDAN TRAIL

City State Zip Code  
WEST DES MOINES IA 50265-5549

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

Name of Employer Occupation  
WELLMARK BCBS CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.56988**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. MICHAEL J. RICHARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5465 MILLS CIVIC PARKWAY  
 SUITE 400  
 City WEST DES MOINES State IA Zip Code 50266-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KIRKE FINANCIAL Occupation FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : SA11.56987**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. JEFF COURTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 S. 26TH STREET  
 City WEST DES MOINES State IA Zip Code 50265-7970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYEMASTER GOODE, PC Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2015  
**Transaction ID : SA11.76245**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. PHIL AND JUDY RUPPEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1855 LINKS GLEN DRIVE  
 City DUBUQUE State IA Zip Code 52003-7721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2015  
**Transaction ID : SA11.76246**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. DALE BENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6416 SW LOOP DR  
City PORTLAND State OR Zip Code 97221-3385  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 26 / 2015  
**Transaction ID : SA11.76284**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. MR. MICHAEL J. CALLAGY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1208 OAKWOOD CT.  
City ALTON State IA Zip Code 51003-8566  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 26 / 2015  
**Transaction ID : SA11.76289**  
Amount of Each Receipt this Period 310.00  
CONTRIBUTION

**C. MR. MICHAEL J. CALLAGY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1208 OAKWOOD CT.  
City ALTON State IA Zip Code 51003-8566  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 26 / 2015  
**Transaction ID : SA11.76882**  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MARK EILERS**

Mailing Address 2355 220TH STREET

City State Zip Code  
CLARINDA IA 51632-4510

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

Name of Employer Occupation  
EILERS BROTHERS,CORP. FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : SA11.76285**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1380 COUNTRY CLUB BLVD

City State Zip Code  
CLIVE IA 50325-8800

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

Name of Employer Occupation  
WELLS FARGO BANKING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : SA11.76290**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. TATNALL L. HILLMAN**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611-1228

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : SA11.76288**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. PETER MAGYAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3412 NEWBURY STREET

City State Zip Code  
MANHATTAN KS 66503-0314

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

Name of Employer Occupation  
KANSAS STATE UNIVERSITY PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2015  
**Transaction ID : SA11.76282**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 10803 BURGOYNE ROAD

City State Zip Code  
HOUSTON TX 77042-2719

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

Name of Employer Occupation  
SELF - PADGETT EXPLORATION CONSULTING GEOPHYSICIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2015  
**Transaction ID : SA11.76280**

Amount of Each Receipt this Period  
45.00

CONTRIBUTION

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

Mailing Address 40962 BROTHERS AVE

City State Zip Code  
HENDERSON IA 51541-4048

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

Name of Employer Occupation  
WESTERN IOWA MUTUAL INSURANCE MANAGER/PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2015  
**Transaction ID : SA11.76287**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. COURT PRISK**

Mailing Address PTY 11826, 7801 NW 37TH ST

City State Zip Code  
DORAL FL 33166-6503

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : SA11.76283**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

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

Mailing Address 1525 NE 36TH STREET

City State Zip Code  
ANKENY IA 50021-6754

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74310**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 6 LIME KILN LANE

City State Zip Code  
IOWA CITY IA 52240-9642

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

Name of Employer Occupation  
BARKER INVESTMENTS EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74333**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. TOM M. CONLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2867 104TH STREET  
 City URBANDALE State IA Zip Code 50322-3814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE CONLEY GROUP, LLC Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74308**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. JAMES COWNIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 37TH STREET  
 City DES MOINES State IA Zip Code 50312-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74315**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MS. PATRICIA HINES COWNIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 37TH STREET  
 City DES MOINES State IA Zip Code 50312-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74314**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. KURT CROELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 KENWOOD AVENUE  
 P.O. BOX 430  
 City NEW HAMPTON State IA Zip Code 50659-9321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CROELL REDI-MIX Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74304**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. MR. LARRY DE VRIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE PROGRESSIVE DRIVE  
 City PELLA State IA Zip Code 50219-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DE VRIES ELECTRIC, INC Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74336**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. DENNIS ELWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 TURNBERRY DRIVE  
 City WEST DES MOINES State IA Zip Code 50265-5358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74302**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION  
 SEE REATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. CANDY ELWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 TURNBERRY DR.  
 City WEST DES MOINES State IA Zip Code 50265-5358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.76093**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B. MR. DENNIS ELWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 TURNBERRY DRIVE  
 City WEST DES MOINES State IA Zip Code 50265-5358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11.74302B**  
 Amount of Each Receipt this Period -5000.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C. MR. JOHN W. GLEESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 RED BRIDGE DRIVE  
 City SIOUX CITY State IA Zip Code 51104-1061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GLEESON CONSTRUCTION CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74316**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. DEBRA HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1469 GLEN OAKS DRIVE  
 City WEST DES MOINES State IA Zip Code 50266-6630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 27 / 2015  
**Transaction ID : SA11.74301**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. JEFFREY M. HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 BROOKS ROAD  
 City IOWA FALLS State IA Zip Code 50126-8008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 27 / 2015  
**Transaction ID : SA11.74305**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MS. SHERI L. HORNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 TULIP TREE LANE  
 City WEST DES MOINES State IA Zip Code 50266-6643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 27 / 2015  
**Transaction ID : SA11.74311**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. ALBERT L. JENNINGS**  
 Mailing Address 4622 MADISON AVENUE  
 City State Zip Code  
 DES MOINES IA 50310-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ECONOMY FORMS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74307**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. SAM C. KALAINOV**  
 Mailing Address 3131 FLEUR DRIVE #1002  
 City State Zip Code  
 DES MOINES IA 50321-1751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74306**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. S. AHMED MERCHANT**  
 Mailing Address 1165 25TH STREET  
 City State Zip Code  
 DES MOINES IA 50311-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MERCHANT INVESTMENT C.E.O.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74335**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. MARK C. OMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1588 BURR OAKS DRIVE

City WEST DES MOINES State IA Zip Code 50266-6607

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 27 / 2015  
Transaction ID : SA11.74299

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 1588 BURR OAKS DRIVE

City WEST DES MOINES State IA Zip Code 50266-6607

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 27 / 2015  
Transaction ID : SA11.74300

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

Mailing Address 1588 BURR OAKS DRIVE

City WEST DES MOINES State IA Zip Code 50266-6607

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 27 / 2015  
Transaction ID : SA11.74299B

Amount of Each Receipt this Period  
-5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. JOHN RUAN III**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 FOSTER DRIVE

City DES MOINES State IA Zip Code 50312-2513

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

Name of Employer RUAN INC. Occupation BUSINESS EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74303**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address BOX 737

City SPENCER State IA Zip Code 51301-0737

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

Name of Employer SHINE BROS CORPORATION Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74309**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 20451 262ND AVENUE

City LEON State IA Zip Code 50144-1374

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

Name of Employer IVAN STOLTZFUS Occupation CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74334**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. C. RICHARD STORK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 SOUTH OCEAN BLVD.  
 City BOCA RATON State FL Zip Code 33432-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74312**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MRS. JOAN STORK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 SOUTH OCEAN BLVD.  
 City BOCA RATON State FL Zip Code 33432-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74313**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. MR. ROBERT M. STURGEON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13421 DOUGLAS PARKWAY  
 City URBANDALE State IA Zip Code 50323-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BARR-NUNN TRANSPORTATION OWNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11.74298**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. ANDREA ABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1545 GLEN OAKS DRIVE  
 City WEST DES MOINES State IA Zip Code 50266-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 01 / 2015**  
**Transaction ID : SA11.74343**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**B. MR. BERNARD J. BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4224 HUBBELL AVENUE  
 City DES MOINES State IA Zip Code 50317-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAKER GROUP Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 01 / 2015**  
**Transaction ID : SA11.74348**  
 Amount of Each Receipt this Period **2500.00**  
 CONTRIBUTION

**C. MR. MICHAEL R. BLASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 666 LENLAND AVENUE STE. 2000  
 City DES MOINES State IA Zip Code 50315-5640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 01 / 2015**  
**Transaction ID : SA11.74352**  
 Amount of Each Receipt this Period **2500.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 50 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. C. EDWARD BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 59TH STREET  
 City WEST DES MOINES State IA Zip Code 50266-7518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE IOWA CLINIC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74357**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. MRS. MARY BRUCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16043 141ST STREET  
 City PERRY State IA Zip Code 50220-6204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74341**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**C. MR. PETER C. HEMKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1512 SOUTH 45TH STREET  
 City WEST DES MOINES State IA Zip Code 50265-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74364**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 12750.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 51 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. RONALD HOLDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 30  
 City WILLIAMSBURG State IA Zip Code 52361-0030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74347**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. STEPHEN K. KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 EXCELSIOR LANE  
 City WATERLOO State IA Zip Code 50701-4967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74353**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MR. ROBERT J. LATHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 PARK TERRACE S.E.  
 City CEDAR RAPIDS State IA Zip Code 52403-2820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LATHAM & ASSOCIATES ECONOMIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74358**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. TERRY LUTZ**

Mailing Address 1360 N.W. 121ST STREET STE. A.

City State Zip Code  
CLIVE IA 50325-8165

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

Name of Employer Occupation  
MCCLURE ENGINEERING CO. OWNER/ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74350**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS J. MORELAND**

Mailing Address 15910 TANGLEWOOD DRIVE

City State Zip Code  
URBANDALE IA 50323-2282

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

Name of Employer Occupation  
SAINT JUDE HEALTHCARE CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74342**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CHRISTOPHER E. NELSON**

Mailing Address 34151 MAFFITT LAKE ROAD

City State Zip Code  
CUMMING IA 50061-4411

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

Name of Employer Occupation  
KEMIN INDUSTRIES PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74349**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. JEFFREY L. SILVERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E. DELAWARE PLACE  
 City State Zip Code  
 CHICAGO IL 60611-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74356**  
 Amount of Each Receipt this Period  
 1250.00  
 CONTRIBUTION

**B. MRS. MARY KAY TOUHY SILVERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E. DELAWARE PLACE APT. 6602  
 City State Zip Code  
 CHICAGO IL 60611-4959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PRIVATE FOUNDATION EXECUTIVE DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74363**  
 Amount of Each Receipt this Period  
 1250.00  
 CONTRIBUTION

**C. MR. JIM THEISEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6201 CHAVENELLE DRIVE  
 City State Zip Code  
 DUBUQUE IA 52002-9692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THEISEN SUPPLY EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11.74351**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 54 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. ROGER C. UNDERWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 S. HARRISON STREET STE. 200  
 City DAVENPORT State IA Zip Code 52801-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74361**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. MICHAEL C. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 16TH STREET S.E.  
 City LEMARS State IA Zip Code 51031-2761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WELLS BLUE BUNNY  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74360**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**C. MR. MICHAEL WHALEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 RIVER DRIVE  
 City MOLINE State IL Zip Code 61265-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEART OF AMERICA GROUP  
 Occupation PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74354**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 12500.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. WAYNE FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 350TH ST.  
 City OSAGE State IA Zip Code 50461-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **310.00**

Date of Receipt **06 / 02 / 2015**  
**Transaction ID : SA11.77088**  
 Amount of Each Receipt this Period **60.00**  
 CONTRIBUTION

**B. JEFFREY MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3006 BEECAVES RD  
 City AUSTIN State TX Zip Code 78746-5588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 04 / 2015**  
**Transaction ID : SA11.76570**  
 Amount of Each Receipt this Period **1500.00**  
 CONTRIBUTION

**C. MR. PETER R. BROWNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S FRONT STREET  
 City MONTEZUMA State IA Zip Code 50171-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 05 / 2015**  
**Transaction ID : SA11.74392**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **2060.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. JOHN E. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 S. GRANDVIEW AVE

City	State	Zip Code
DUBUQUE	IA	52003-7923

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

Name of Employer	Occupation
COTTINGHAM & BUTLER	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.74393**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. MR. BRIAN Z. FRANCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 DAYTONA BLVD

City	State	Zip Code
DAYTONA BEACH	FL	32114-1252

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

Name of Employer	Occupation
NASCAR	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.74394**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 9087 BROOK FORD RD.

City	State	Zip Code
BURKE	VA	22015-

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.76359**

Amount of Each Receipt this Period  
 60.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. ANTHONY HULEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 9087 BROOK FORD RD.

City BURKE State VA Zip Code 22015-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
06 / 05 / 2015  
Transaction ID : SA11.76360

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

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

Mailing Address 9087 BROOK FORD RD.

City BURKE State VA Zip Code 22015-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
06 / 05 / 2015  
Transaction ID : SA11.76361

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

Mailing Address P.O. BOX 40

City CUMMING State IA Zip Code 50061-0040

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

Name of Employer Occupation  
JUCKETTE MANAGEMENT HEALTHCARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 05 / 2015  
Transaction ID : SA11.74395

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 58 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. RICHARD N. JURGENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 JORDAN GRV  
 City WEST DES MOINES State IA Zip Code 50265-6451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HY-VEE INC. Occupation CHAIRMAN OF THE BOARD, CHIEF EXECUT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.74396**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. JON E. KINZENBAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2148 PP AVENUE P.O. BOX 852  
 City WILLIAMSBURG State IA Zip Code 52361-8567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KINZE MANUFACTURING INC Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.74397**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**C. MRS. MARCIA A. KINZENBAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2148 PP AVENUE P.O. BOX 852  
 City WILLIAMSBURG State IA Zip Code 52361-8567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KINZE MANUFACTURING INC Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : SA11.74398**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. THOMAS K. KOEHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S. 26TH STREET  
 City WEST DES MOINES State IA Zip Code 50265-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE WALDINGER CORPORATION Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.74399**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. MR. KIRK J. TYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33425 WATERBERRY CIR  
 City WAUKEE State IA Zip Code 50263-7010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTIC BOTTLING Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2015  
**Transaction ID : SA11.74401**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. TINA GOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7640 NW 54TH AVE  
 City JOHNSTON State IA Zip Code 50131-1783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2015  
**Transaction ID : SA11.77057**  
 Amount of Each Receipt this Period  
 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7530.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. TINA GOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7640 NW 54TH AVE  
 City JOHNSTON State IA Zip Code 50131-1783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 06 / 06 / 2015  
**Transaction ID : SA11.77058**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B. TINA GOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7640 NW 54TH AVE  
 City JOHNSTON State IA Zip Code 50131-1783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 06 / 06 / 2015  
**Transaction ID : SA11.77059**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C. AMY HOFFMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12304 WELLINGTON RIDGE DR  
 City CLIVE State IA Zip Code 50325-8108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NATIONWIDE INS CO MANAGER / ATTORNEY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 07 / 2015  
**Transaction ID : SA11.76301**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. FRANK W. BERLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4949 WATERTOWN PARKWAY #200  
 City WEST DES MOINES State IA Zip Code 50266-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BERLIN & ASSOCIATES Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2015  
**Transaction ID : SA11.74403**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. ALLAN LARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 68  
 City LAKE MILLS State IA Zip Code 50450-0068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALBERT LEA PUBLIC WAREHOUSE Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2015  
**Transaction ID : SA11.74404**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MRS. KATHY L. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32594 FOX AVE  
 City SIOUX CITY State IA Zip Code 51108-8555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN POPCORN CO. Occupation CHAIRMAN/OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2015  
**Transaction ID : SA11.74405**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. THOMAS L. HARRINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 S. WILSON AVENUE  
 P.O. BOX 111  
 City JEFFERSON State IA Zip Code 50129-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TLH PROJECT MANGEMENT Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : SA11.75857**  
 Amount of Each Receipt this Period **2500.00**  
 CONTRIBUTION

**B. MR. JOHN PAPPAJOHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 FINANCIAL CENTER  
 City DES MOINES State IA Zip Code 50309-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EQUITY DYNAMICS INC. Occupation PHILANTHROPY/ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : SA11.75858**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

**C. MR. BRUCE RASTETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10640 COUNTY HIGHWAY D20  
 City ALDEN State IA Zip Code 50006-4814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUMMIT GROUP, LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : SA11.75862**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. STEVEN E. ZUMBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 666 WALNUT STREET  
 SUITE 2000  
 City DES MOINES State IA Zip Code 50309-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BELIN, LMSON, MCCORMICK Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : SA11.75859**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. JOY C. CORNING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2880 GRAND AVE. APT. 406  
 City DES MOINES State IA Zip Code 50312-4274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75903**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. WAYNE FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 350TH ST.  
 City OSAGE State IA Zip Code 50461-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75981**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. DAVID G. KERR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4820 84TH STREET  
 City DES MOINES State IA Zip Code 50322-1056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U.S.P.S. Occupation LETTER CARRIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75995**  
 Amount of Each Receipt this Period 240.00  
 CONTRIBUTION

**B. MR. DANIEL R. KUETER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19279 252ND AVENUE  
 City BETTENDORF State IA Zip Code 52722-7350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75924**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. CHRIS LEYDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2985 OLIVER LANE N.E.  
 City IOWA CITY State IA Zip Code 52240-7960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75927**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1240.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 66 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. CHARLES E. SUKUP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2418 VINE AVENUE  
 City DOUGHERTY State IA Zip Code 50433-7513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUKUP MFG. CO Occupation MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75887**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. MR. MARLIN TILLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1195 190TH STREET  
 City SHENANDOAH State IA Zip Code 51601-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75888**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. MARLIN TILLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1195 190TH STREET  
 City SHENANDOAH State IA Zip Code 51601-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : SA11.75889**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2780.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MR. JEFFREY C. ELGIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6940 BOWMAN LANE

City CEDAR RAPIDS State IA Zip Code 52402-1576

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : SA11.76053**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 6416 SW LOOP DR

City PORTLAND State OR Zip Code 97221-3385

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11.76323**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 2355 220TH STREET

City CLARINDA State IA Zip Code 51632-4510

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

Name of Employer EILERS BROTHERS,CORP. Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11.76324**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. PETER MAGYAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3412 NEWBURY STREET

City State Zip Code  
MANHATTAN KS 66503-0314

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

Name of Employer Occupation  
KANSAS STATE UNIVERSITY PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2015  
**Transaction ID : SA11.76321**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 10803 BURGOYNE ROAD

City State Zip Code  
HOUSTON TX 77042-2719

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

Name of Employer Occupation  
SELF - PADGETT EXPLORATION CONSULTING GEOPHYSICIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2015  
**Transaction ID : SA11.76319**

Amount of Each Receipt this Period  
45.00

CONTRIBUTION

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

Mailing Address 40962 BROTHERS AVE

City State Zip Code  
HENDERSON IA 51541-4048

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

Name of Employer Occupation  
WESTERN IOWA MUTUAL INSURANCE MANAGER/PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2015  
**Transaction ID : SA11.76325**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. COURT PRISK**

Mailing Address PTY 11826, 7801 NW 37TH ST

City DORAL State FL Zip Code 33166-6503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2015**

Transaction ID : **SA11.76322**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address 120 HIGHCLERE CIRCLE

City COUNCIL BLUFFS State IA Zip Code 51503-2202

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

Name of Employer U.S. GOVERNMENT Occupation REGIONAL DIRECTOR FOR U.S. SENATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

Transaction ID : **SA11.76083**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address 570 MEADOW WOOD LANE

City MONTECITO State CA Zip Code 93108-2027

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

Name of Employer C.K.E RESTAURANTS Occupation C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

Transaction ID : **SA11.76087**

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 70 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DEANNA PUZDER**

Mailing Address 570 MEADOW WOOD LANE

City State Zip Code  
MONTECITO CA 93108-2027

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.76086**

Amount of Each Receipt this Period  
2700.00

**CONTRIBUTION**

**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) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	437440.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. BLESSEY MARINE SERVICE, INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 RIVER OAKS ROAD EAST  
 City HARAHAN State LA Zip Code 70123-2167  
 FEC ID number of contributing federal political committee. **C** C00409789  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11.56943**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. DAVITA HEALTHCARE PARTNERS INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32275 32ND AVE S  
 City FEDERAL WAY State WA Zip Code 98001-9616  
 FEC ID number of contributing federal political committee. **C** C00340943  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.56961**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. POET PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 N LEWIS AVE  
 City SIOUX FALLS State SD Zip Code 57104-7116  
 FEC ID number of contributing federal political committee. **C** C00450692  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11.56960**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. MEDIACOM PAC**

Mailing Address 100 CRYSTAL RUN ROAD

City MIDDLETOWN State NY Zip Code 10941-4041

FEC ID number of contributing federal political committee. **C** C00477737

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : SA11.56964**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC (ENGPAC)**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : SA11.56965**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC (ENGPAC)**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
04 / 06 / 2015  
**Transaction ID : SA11.56976**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. HY-VEE INC. EMPLOYEE'S PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5820 WESTOWN PARKWAY  
 City WEST DES MOINES State IA Zip Code 50266-8223  
 FEC ID number of contributing federal political committee. **C** C00243659  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74295**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. UPSPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 GLENLAKE PARKWAY NE  
 City ATLANTA State GA Zip Code 30328-3474  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : SA11.74296**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**C. ABSOLUTE ENERGY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1372 STATE LINE ROAD  
 City ST. ANSGAR State IA Zip Code 50472-8806  
 FEC ID number of contributing federal political committee. **C** C00455048  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2015  
**Transaction ID : SA11.74345**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. EMC CO PAC</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 <b>Transaction ID : SA11.74346</b>
Mailing Address 7171 MULBERRY STREET		Amount of Each Receipt this Period 2500.00
City DES MOINES	State IA	Zip Code 50309-
FEC ID number of contributing federal political committee. <b>C</b> C00385948		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. GOLDEN GRAIN ENERGY PAC</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 <b>Transaction ID : SA11.74344</b>
Mailing Address 1822 43RD STREET N.W.		Amount of Each Receipt this Period 500.00
City MASON CITY	State IA	Zip Code 50401-7071
FEC ID number of contributing federal political committee. <b>C</b> C00414490		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN BANKERS ASSOCIATION</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : SA11.74402</b>
Mailing Address 1120 CONNECTICUT AVENUE NW		Amount of Each Receipt this Period 5000.00
City WASHINGTON	State DC	Zip Code 20036-3902
FEC ID number of contributing federal political committee. <b>C</b> C00004275		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 CONSTITUTION AVE, NW  
 SUITE 500 W  
 City WASHINGTON State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11.75860**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. LITTLE SIOUX CORN PROCESSORS PAC, LSCP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4808 F. AVE  
 City MARCUS State IA Zip Code 51035-7070  
 FEC ID number of contributing federal political committee. **C** C00454850  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11.75861**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. ERNST VICTORY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 CUMMINGS CENTER  
SUITE 4400  
City BEVERLY State MA Zip Code 01915-6518  
FEC ID number of contributing federal political committee. **C** C00571927  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20653.82

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.56977**  
Amount of Each Receipt this Period 20653.82  
CONTRIBUTION  
SEE ATTRIBUTION BELOW

**B. MR. AL G. HILL JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 HIGHLAND PARK VILLAGE  
SUITE 200  
City DALLAS State TX Zip Code 75205-2786  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
A.G. HILL PARTNERS, LLC INVESTMENTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.76193**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION  
[MEMO ITEM]

**C. MR. PETER H. HUIZENGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2215 YORK ROAD  
SUITE 500  
City OAK BROOK State IL Zip Code 60523-4014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HUIZENGA CAPITAL MANAGEMENT PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA12.76189**  
Amount of Each Receipt this Period 1900.00  
CONTRIBUTION  
[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20653.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. NOEL G. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 W JACKSON BLVD  
 SUITE 1531A  
 City CHICAGO State IL Zip Code 60604-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SENEX SOLUTIONS Occupation TRADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA12.76190**  
 Amount of Each Receipt this Period  
 900.00  
 CONTRIBUTION  
**[MEMO ITEM]**

**B. MR. RICHARD E. UIHLEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1396 N WAUKEGAN RD  
 City LAKE FOREST State IL Zip Code 60045-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U-LINE Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA12.76191**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION  
**[MEMO ITEM]**

**C. MS. KELCY L. WARREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3738 OAK LAWN AVE  
 City DALLAS State TX Zip Code 75219-4333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENERGY TRANSFER Occupation CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA12.76194**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. MS. ELIZABETH WEISS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521-2956

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

Name of Employer HAWTHORNE RANCH Occupation FRUIT RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA12.76192**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**[MEMO ITEM]**

**B. PG&E CORPORATION EMPLOYEES ENERGYPAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 77 BEALE STREET  
MAIL CODE: B29H

City SAN FRANCISCO State CA Zip Code 94105-1814

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : SA12.76188**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**[MEMO ITEM]**

**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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20653.82

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : SB.1

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. VENABLE LLP**

Mailing Address 575 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : SB.2

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : SB.3

Amount of Each Disbursement this Period

810.36

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6810.36

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : SB.4

Amount of Each Disbursement this Period

244.12

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2015

Transaction ID : SB.5

Amount of Each Disbursement this Period

158.83

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2015

Transaction ID : SB.6

Amount of Each Disbursement this Period

22.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

424.98

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2015

Transaction ID : SB.7

Amount of Each Disbursement this Period

369.00

Full Name (Last, First, Middle Initial)

**B. NEW STRATEGIES GROUP**

Mailing Address P.O. BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : SB.8

Amount of Each Disbursement this Period

1737.11

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : SB.10

Amount of Each Disbursement this Period

34.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2140.31

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : SB.9

Amount of Each Disbursement this Period

3375.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : SB.11

Amount of Each Disbursement this Period

1.80

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : SB.12

Amount of Each Disbursement this Period

16.92

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3393.72

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

Transaction ID : SB.13

Amount of Each Disbursement this Period

46.44

Full Name (Last, First, Middle Initial)

**B. NEW STRATEGIES GROUP**

Mailing Address P.O. BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : SB.14

Amount of Each Disbursement this Period

10718.51

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : SB.15

Amount of Each Disbursement this Period

130.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10895.27

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Transaction ID : SB.16

Amount of Each Disbursement this Period

7.20

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : SB.17

Amount of Each Disbursement this Period

15.12

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Transaction ID : SB.18

Amount of Each Disbursement this Period

8.64

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

30.96

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

Transaction ID : SB.19

Amount of Each Disbursement this Period

18.72

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

Transaction ID : SB.20

Amount of Each Disbursement this Period

367.20

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2015

Transaction ID : SB.22

Amount of Each Disbursement this Period

24.84

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

410.76

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. TARGETED VICTORY</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>18</td> <td>/</td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02	/	18	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
02	/	18	/	2015									
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.23</b>											
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		<input type="text"/>	<input type="text" value="18.00"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. TARGETED VICTORY</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>19</td> <td>/</td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02	/	19	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
02	/	19	/	2015									
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.24</b>											
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		<input type="text"/>	<input type="text" value="1.80"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. TARGETED VICTORY</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>23</td> <td>/</td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02	/	23	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
02	/	23	/	2015									
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.25</b>											
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period										
Purpose of Disbursement CREDIT CARD MERCHANT FEES		<input type="text"/>	<input type="text" value="1.44"/>										
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="21.24"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

Transaction ID : SB.26

Amount of Each Disbursement this Period

282.04

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

Transaction ID : SB.27

Amount of Each Disbursement this Period

30.60

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : SB.28

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

332.64

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.29</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 67.68	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.30</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7.20	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.31</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 9.36	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	84.24
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB.32

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB.33

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSIE PETERSON**

Mailing Address 724B MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB.34

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. MARRIOTT HOTEL**

Mailing Address 700 GRAND AVE

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB21B800**

Amount of Each Disbursement this Period

300.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JUST WIN STRATEGIES**

Mailing Address PO BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB.37**

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

**C. REDWAVE COMMUNICATIONS**

Mailing Address 4019 INGERSOLL AVENUE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : **SB.36**

Amount of Each Disbursement this Period

280.90

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7280.90

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. VENABLE LLP**

Mailing Address 575 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB.35

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : SB.38

Amount of Each Disbursement this Period

3.60

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : SB.40

Amount of Each Disbursement this Period

0.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1004.32

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : SB.41

Amount of Each Disbursement this Period: 39.96

Category/Type

**B. JOSIE PETERSON**

Full Name (Last, First, Middle Initial)

Mailing Address 724B MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB.47

Amount of Each Disbursement this Period: 2034.50

Category/Type

**C. MIDLAND STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 670

City BETTENDORF State IA Zip Code 52722

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB.46

Amount of Each Disbursement this Period: 5000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7074.46

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB.45

Amount of Each Disbursement this Period

4024.75

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB.43

Amount of Each Disbursement this Period

32648.88

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB.50

Amount of Each Disbursement this Period

187.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

36860.83

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB.51

Amount of Each Disbursement this Period

201.24

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : SB.53

Amount of Each Disbursement this Period

15.36

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : SB.54

Amount of Each Disbursement this Period

4.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

220.92

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. VENABLE LLP**

Mailing Address 575 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : SB.52

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB.55

Amount of Each Disbursement this Period

5.40

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : SB.56

Amount of Each Disbursement this Period

77.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1083.16

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2015

Transaction ID : SB.57

Amount of Each Disbursement this Period

7.20

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015

Transaction ID : SB.58

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2015

Transaction ID : SB.59

Amount of Each Disbursement this Period

13.68

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

65.88

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : SB.60

Amount of Each Disbursement this Period

5.04

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2015

Transaction ID : SB.61

Amount of Each Disbursement this Period

6.12

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : SB.62

Amount of Each Disbursement this Period

4.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15.48

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 20 / 2015

Transaction ID : **SB.63**

Amount of Each Disbursement this Period: 720.00

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 22 / 2015

Transaction ID : **SB.64**

Amount of Each Disbursement this Period: 361.08

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : **SB.65**

Amount of Each Disbursement this Period: 6.12

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1087.20

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.66</b>  Amount of Each Disbursement this Period 369.72
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.67</b>  Amount of Each Disbursement this Period 180.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.68</b>  Amount of Each Disbursement this Period 112.03
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	661.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

Transaction ID : SB.69

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

Transaction ID : SB.70

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

Transaction ID : SB.71

Amount of Each Disbursement this Period

4.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

34.32

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 1909 K STREET NW		<b>Transaction ID : SB.72</b>
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement BANK FEE	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.73</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 8.28
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TARGETED VICTORY</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		<b>Transaction ID : SB.74</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 58.32
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	96.60
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB.75

Amount of Each Disbursement this Period

10.80

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES**

Mailing Address 2700 DAWSON AVENUE

City SIGNAL HILL State CA Zip Code 90755

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : SB.76

Amount of Each Disbursement this Period

9962.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : SB.77

Amount of Each Disbursement this Period

3.96

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9976.76

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : SB.78

Amount of Each Disbursement this Period

5	.	4	0
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Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

Transaction ID : SB.79

Amount of Each Disbursement this Period

4	.	3	2
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	5

Transaction ID : SB.80

Amount of Each Disbursement this Period

3	0	9	.	7	7
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	1	9	.	4	9
---	---	---	---	---	---

3	1	9	.	4	9
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	5

Transaction ID : SB.82

Amount of Each Disbursement this Period

4	.	3	2
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	5

Transaction ID : SB.81

Amount of Each Disbursement this Period

4	.	9	4
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. HARBINGER OUTREACH**

Mailing Address 1919 M STREET NW STE 200

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	5

Transaction ID : SB.83

Amount of Each Disbursement this Period

2	4	0	4	2	.	0	0
---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	4	0	4	2	.	0	0
---	---	---	---	---	---	---	---

2	4	0	4	2	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SB.84

Amount of Each Disbursement this Period

2.16

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2015

Transaction ID : SB.85

Amount of Each Disbursement this Period

152.28

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2015

Transaction ID : SB.86

Amount of Each Disbursement this Period

19.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

173.52

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : SB.87

Amount of Each Disbursement this Period

1.44

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

Transaction ID : SB.88

Amount of Each Disbursement this Period

13.47

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

Transaction ID : SB.89

Amount of Each Disbursement this Period

1.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15.99

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SB.90

Amount of Each Disbursement this Period

2.88

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Transaction ID : SB.91

Amount of Each Disbursement this Period

11.88

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB.92

Amount of Each Disbursement this Period

19.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

33.84

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT BURNETT**

Mailing Address 8093 CARPENTER STREET

City NORWALK State IA Zip Code 50211

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.98**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. KENNETH CALLAHAN**

Mailing Address 6259 PLEASANT STREET

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.100**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C. ADAM CRISWELL**

Mailing Address 1301 JOSHUA COURT SE

City BONDVIANT State IA Zip Code 50035

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.102**

Amount of Each Disbursement this Period

105.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

425.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID GRAY**

Mailing Address 414 NW WINTERBERRY STREET

City ANKENY State IA Zip Code 50023

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.96**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. JEFFERY HOLLIDAY**

Mailing Address 4112 MAPLE STREET

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.99**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C. JESSICA JENSEN**

Mailing Address 697 SE WILLIAMS CT

City WAUKEE State IA Zip Code 50623

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.103**

Amount of Each Disbursement this Period

105.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

425.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. WILLIAM MATZDORFF**

Mailing Address 1215 NW BOULDER DR

City ANKENY State IA Zip Code 50023

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.101**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. KEITH ONLEY**

Mailing Address 6304 NW 94TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.95**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C. JEREMY STEVEN STONE**

Mailing Address 1250 NE 54TH AVE

City DES MOINES State IA Zip Code 50313

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB.97**

Amount of Each Disbursement this Period

160.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

480.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
**A. CLARKE AND SAMPSON INC**

Mailing Address 228 S WASHINGTON ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : **SB.104**

Amount of Each Disbursement this Period: 1297.85

Category/Type

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

Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : **SB.94**

Amount of Each Disbursement this Period: 848.50

Category/Type

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

Mailing Address 1170 15TH AVENUE SE

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement MUSICAL ENTERTAINMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : **SB.93**

Amount of Each Disbursement this Period: 2500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4646.35

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2015			

Transaction ID : SB.105

Amount of Each Disbursement this Period

1.80
------

Full Name (Last, First, Middle Initial)

**B. CENTRAL LIGHTING AND EQUIPMENT**

Mailing Address 4103 EAST 16TH STREET

City DES MOINES State IA Zip Code 50313

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

Transaction ID : SB.106

Amount of Each Disbursement this Period

20025.00
----------

Full Name (Last, First, Middle Initial)

**C. CLARKE AND SAMPSON INC**

Mailing Address 228 S WASHINGTON ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2015			

Transaction ID : SB.107

Amount of Each Disbursement this Period

545.40
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

20572.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : SB.108

Amount of Each Disbursement this Period

19.08

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : SB.109

Amount of Each Disbursement this Period

1.08

Full Name (Last, First, Middle Initial)

**C. EVENTBRITE**

Mailing Address 155 5TH STREET 7TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SB.110

Amount of Each Disbursement this Period

3068.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3088.24

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2015

Transaction ID : SB.111

Amount of Each Disbursement this Period

9.36

Full Name (Last, First, Middle Initial)

**B. ANDY'S BBQ LLC**

Mailing Address 523 LUTHER DRIVE

City AMES State IA Zip Code 50010

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : SB.113

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. THUNDER ROADS MAGAZINE OF IOWA**

Mailing Address PO BOX 29

City KIMBALLTON State IA Zip Code 51543

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : SB.112

Amount of Each Disbursement this Period

675.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1934.36

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Transaction ID : SB.114

Amount of Each Disbursement this Period

0.72

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 1909 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

Transaction ID : SB.116

Amount of Each Disbursement this Period

111.50

Full Name (Last, First, Middle Initial)

**C. BROOK HOUGESEN**

Mailing Address 301 TINGLEY STREET SE PH 13

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : SB.117

Amount of Each Disbursement this Period

110.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

222.22

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. ABSOLUTE FLAVORS LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 5055 NW 2ND AVENUE		<b>Transaction ID : SB.118</b>
City DES MOINES	State IA	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 2498.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ANDY'S BBQ LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 523 LUTHER DRIVE		<b>Transaction ID : SB.119</b>
City AMES	State IA	
Purpose of Disbursement CATERING	Candidate Name	Amount of Each Disbursement this Period 1647.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CENTRAL IOWA EXPO</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address PO BOX 28		<b>Transaction ID : SB.120</b>
City BOONE	State IA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 9850.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13996.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. EFFLUENT INC**

Mailing Address 2785 NE BROADWAY STE 200

City DES MOINES State IA Zip Code 50317

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.121

Amount of Each Disbursement this Period

1215.00

Full Name (Last, First, Middle Initial)

**B. HOLLOWAY CONSULTING**

Mailing Address 2300 CLARENDON BLVD STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.127

Amount of Each Disbursement this Period

56638.08

Full Name (Last, First, Middle Initial)

**C. IHLE TRANSPORT INC**

Mailing Address PO BOX 160

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.122

Amount of Each Disbursement this Period

1150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

59913.08

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. KORY FARM EQUIPMENT**

Mailing Address PO BOX 349

City MANLIUS State IL Zip Code 61338

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.123

Amount of Each Disbursement this Period

4350.00

Full Name (Last, First, Middle Initial)

**B. MIDLAND STRATEGIES**

Mailing Address PO BOX 670

City BETTENDORF State IA Zip Code 52722

Purpose of Disbursement  
EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.124

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. POOLHOUSE**

Mailing Address 23 W BROAD STREET, SUITE 404

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : SB.125

Amount of Each Disbursement this Period

6150.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. THE COLORADO GRILL**

Mailing Address 1514 S MARSHALL ST

City BOONE State IA Zip Code 50036

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SB.126

Amount of Each Disbursement this Period

670.00

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 27 / 2015

Transaction ID : SB.131

Amount of Each Disbursement this Period

13.47

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 29 / 2015

Transaction ID : SB.132

Amount of Each Disbursement this Period

59.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

742.79



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. BOONE COUNTY HOSPITAL</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1015 UNION STREET		<b>Transaction ID : SB.133</b>
City BOONE	State IA	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 883.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BOONE COUNTY SHERIFF'S OFFICE</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1019 W MAMIE EISENHOWER		<b>Transaction ID : SB.134</b>
City BOONE	State IA	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 1080.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BOONE FIRE DEPARTMENT</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 923 8TH STREET		<b>Transaction ID : SB.135</b>
City BOONE	State IA	
Purpose of Disbursement PERSONNEL SERVICE/EQUIPMENT	Candidate Name	Amount of Each Disbursement this Period 715.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2678.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. CENTRAL LIGHTING AND EQUIPMENT**

Mailing Address 4103 EAST 16TH STREET

City DES MOINES State IA Zip Code 50313

Purpose of Disbursement EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : **SB.136**

Amount of Each Disbursement this Period: 533.80

Category/Type

Full Name (Last, First, Middle Initial)

**B. COMPETITIVE EDGE**

Mailing Address 3500 109TH S

City DES MOINES State IA Zip Code 50322

Purpose of Disbursement COLLATERAL MATERIALS-TSHIRTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : **SB.137**

Amount of Each Disbursement this Period: 5162.48

Category/Type

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING**

Mailing Address 2300 CLARENDON BLVD STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : **SB.139**

Amount of Each Disbursement this Period: 34873.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 40569.28

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. IOWA STATE ATHLETICS**

Mailing Address JACOBSON ATHLETIC BUILDING

City AMES State IA Zip Code 50011

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.140

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. IOWA STATE PATROL**

Mailing Address 215 E 7 STREET

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement  
PERSONNEL SERVICE/EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.141

Amount of Each Disbursement this Period

973.44

Full Name (Last, First, Middle Initial)

**C. JUST WIN STRATEGIES**

Mailing Address PO BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.142

Amount of Each Disbursement this Period

1670.28

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2843.72

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. MIDLAND STRATEGIES**

Mailing Address PO BOX 670

City BETTENDORF State IA Zip Code 52722

Purpose of Disbursement  
EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.144

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. NB GOLF CARS**

Mailing Address 4509 NE 14TH STREET

City DES MOINES State IA Zip Code 50313

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.145

Amount of Each Disbursement this Period

439.90

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET #40

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB.146

Amount of Each Disbursement this Period

32956.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

35895.90

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. VAN WALL GROUP</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 302 SOUTH 3RD STREET		<b>Transaction ID : SB.147</b>
City AMES	State IA	
Zip Code 50010	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 4135.10
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VENABLE LLP</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 575 7TH STREET NW		<b>Transaction ID : SB.148</b>
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 6034.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10169.10
<b>TOTAL</b> This Period (last page this line number only).....▶	331107.16

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. GRASSLEY COMMITTEE INC</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address PO BOX 1000		Transaction ID : <b>SB.21</b>
City DES MOINES	State IA	
Zip Code 50304	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>CHARLES E GRASSLEY</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IA District:	

Full Name (Last, First, Middle Initial) <b>B. NRSC</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2015
Mailing Address 425 SECOND STREET NE		Transaction ID : <b>SB.39</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 15000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GRASSLEY COMMITTEE INC</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address PO BOX 1000		Transaction ID : <b>SB.49</b>
City DES MOINES	State IA	
Zip Code 50304	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 2263.06
Candidate Name <b>CHARLES E GRASSLEY</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IA District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19763.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD, SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ROD BLUM**

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Transaction ID : **SB.44**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. YOUNG FOR IOWA, INC**

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAVID YOUNG**

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Transaction ID : **SB.42**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING**

Mailing Address 2300 CLARENDON BLVD STE 1306

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name  
**CHARLES E GRASSLEY**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Transaction ID : **SB.48**

Amount of Each Disbursement this Period

236.94
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10236.94
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial) <b>A. GRASSLEY COMMITTEE INC</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address PO BOX 1000		<b>Transaction ID : SB.4801</b>
City DES MOINES	State IA	
Zip Code 50304	Purpose of Disbursement INKIND OFFICE SUPPLIES	Amount of Each Disbursement this Period 236.94
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF PAT TOOMEY</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 228 S. WASHINGTON ST., SUITE 115		<b>Transaction ID : SB.128</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>PATRICK JOSEPH TOOMEY</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROY BLUNT</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 10178		<b>Transaction ID : SB.129</b>
City COLUMBIA	State MO	
Zip Code 65205	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>ROY BLUNT</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

### A. KIRK FOR SENATE

Mailing Address PO BOX 2594

City State Zip Code  
CHICAGO IL 60690

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MARK STEVEN KIRK**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SB.130

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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45000.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JOBS, OPPORTUNITY AND NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)

### A. AMERICAS FUND

Mailing Address 4393 KEVIN WALKER DRIVE

City State Zip Code  
DUMFRIES VA 22025

Purpose of Disbursement  
CONTRIBUTION - NON FEDERAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SB.115

Amount of Each Disbursement this Period

15000.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00
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15000.00
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