PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **JOWA PRIORITIES** PO BOX 100072 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22201 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS soleary@goberhilgers.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Iowa-priorities.org (Check if address is changed) DATE 2014 C00569251 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. ADAM SCHAEFFER Type or Print Name of Treasurer ADAM SCHAEFFER [Electronically Filed] 10 15 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	ne 6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	С
2 FEC ID number	С
3. FEC ID number	C
4. FEC ID number	C

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		
IOWA PRIORI	TIES	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
		eadership PAC Sponso
Custodian of Records: Ic books and records.	lentify by name, address (phone number optional) and position of the person in po	ossession of committee
SHANN Full Name	ON OLEARY	
Mailing Address	1005 CONGRESS AVE	
maming read occ	STE 350	
	AUSTIN TX 78701	
Title or Position	CITY STATE	ZIP CODE
CUSTODIAN OF RECOR	DS Telephone number 512 - L	354 1784
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the n , assistant treasurer).	ame and address of
Full Name ADAM S	CHAEFFER	
Mailing Address	PO BOX 100072	
	ARLINGTON VA 22201	
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

FEC For			
Full Name of Designated	SHANNON OLEARY		
Agent			
Mailing Address	1005 CONGRESS AVE		
	STE 350		1
	, AUSTIN , T	X , , 78701	
Title or Position	CITY STAT	TE ZIP CODE	
ASSISTANT TE		512 - 354 - 17	84
Ranks or Other	r Depositories: List all banks or other depositories in which the committee de	eposits funds, holds accounts, rent	
	poxes or maintains funds.	•	S
	poxes or maintains funds.		S
safety deposit b	poxes or maintains funds.		S
safety deposit b	Depository, etc. WELLS FARGO BANK NA PO BOX 6995		S
safety deposit b Name of Bank,	Depository, etc. WELLS FARGO BANK NA PO BOX 6995		
safety deposit b Name of Bank,	Depository, etc. WELLS FARGO BANK NA PO BOX 6995	DR 97228	s
safety deposit b Name of Bank,	Depository, etc. WELLS FARGO BANK NA PO BOX 6995	DR 97228	s
safety deposit b Name of Bank,	PORTLAND CITY MELLS FARGO BANK NA PO BOX 6995 CITY STA	DR 97228	s
safety deposit b Name of Bank, Mailing Address	PORTLAND CITY MELLS FARGO BANK NA PO BOX 6995 CITY STA	DR 97228	s
safety deposit b Name of Bank, Mailing Address	Depository, etc. WELLS FARGO BANK NA PO BOX 6995 PORTLAND CITY STA	DR 97228	s
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO BANK NA PO BOX 6995 PORTLAND CITY STA	DR 97228	s
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO BANK NA PO BOX 6995 PORTLAND CITY STA	DR 97228	s