

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Iowans for Shaw Inc. dba Iowans for Shaw

ADDRESS (number and street)

4315 Timberwood Drive

Check if different than previously reported. (ACC)

West Des Moines

IA

50265

2. FEC IDENTIFICATION NUMBER ▼

C C00556357

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IA

03

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
06 / 02 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

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 Dean Wenthe

Signature of Treasurer Dean Wenthe

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 29 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**lowans for Shaw Inc. dba lowans for Shaw**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32196.70	329318.27
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32196.70	329318.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	78253.30	354767.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	78253.30	354767.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4551.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	44658.09	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**lowans for Shaw Inc. dba lowans for Shaw**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29681.70	246522.21
(ii) Unitemized.....	1765.00	34141.00
(iii) TOTAL of contributions from individuals ▶	31446.70	280663.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	750.00	43530.75
(d) The Candidate.....	0.00	5124.31
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32196.70	329318.27
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	32196.70	359318.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78253.30	354767.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	78253.30	354767.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50607.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32196.70
25. SUBTOTAL (add Line 23 and Line 24).....	82804.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78253.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4551.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Brad N Albin**

Mailing Address 3031 Bayberry Rd.

City State Zip Code  
Ames IA 50014-4611

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

Name of Employer Occupation  
Renewable Energy Group VP, Manufacturing

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.6001**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1204 280th Avenue

City State Zip Code  
Tabor IA 51653

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11AI.6004**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 416 S Bell Ave

City State Zip Code  
Ames IA 50010-7711

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

Name of Employer Occupation  
Renewable Energy Group Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2014

**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period  
500.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Terry T Campo**

Mailing Address 1405 S. Fern St.

City: Arlington State: VA Zip Code: 22202-2810

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

Name of Employer: Terry T. Campo Law Offices Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 12 / 2014

**Transaction ID : SA11AI.5988**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 6425 Princeton Drive

City: Alexandria State: VA Zip Code: 22307-1348

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

Name of Employer: Dechert LLP Occupation: Lawyer/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 1750.00

Date of Receipt: 06 / 05 / 2014

**Transaction ID : SA11AI.6000**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 3218 Bayberry Rd.

City: Ames State: IA Zip Code: 50014-4597

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

Name of Employer: Renewable Energy Group Occupation: Vice President, Supply Chain Managemen

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 750.00

Date of Receipt: 06 / 17 / 2014

**Transaction ID : SA11AI.6005**

Amount of Each Receipt this Period: 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**David Greenspon**

Mailing Address 5730 Red Bud Way

City West Des Moines State IA Zip Code 50266-6678

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

Name of Employer Competitive Edge, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11AI.5994**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 300 W Adams STE 830

City Chicago State IL Zip Code 60606-5109

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

Name of Employer Lakeview Energy Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.5998**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5985 390th Street

City Primghar State IA Zip Code 51245-7452

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

Name of Employer D & A Haack Farms Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.5973**

Amount of Each Receipt this Period  
100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Timothy Hansen</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 5034 N Woodruff Ave		<b>Transaction ID : SA11AI.5995</b>	
City Milwaukee	State WI	Zip Code 53217-5634	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Hansen Reynolds Dickinson Crueger LLC	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) <b>B. Scott Hedderich</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 4200 Harwood Dr.		<b>Transaction ID : SA11AI.6003</b>	
City Des Moines	State IA	Zip Code 50312-2318	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Renewable Energy Group	Occupation Director, Corporate Affairs		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Peter C Hemken</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 1512 45th St.		<b>Transaction ID : SA11AI.5986</b>	
City West Des Moines	State IA	Zip Code 50265-5765	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Benjamin Jung**

Mailing Address 1004 32nd St

City State Zip Code  
West Des Moines IA 50266-2161

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

Name of Employer Occupation  
Ingersoll Wine & Spirits. Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.6009**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1548 45th St.

City State Zip Code  
West Des Moines IA 50265-5765

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

Name of Employer Occupation  
EPc, Inc. Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.5985**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 12787 NE 112th St

City State Zip Code  
Maxwell IA 50161-4202

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.5993**

Amount of Each Receipt this Period  
**100.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

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

Mailing Address 7609 Marilyn Drive

City Windsor Heights State IA Zip Code 50324-5746

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

Name of Employer self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.5982**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1966 Bent Tree Dr

City Newburgh State IN Zip Code 47630-8036

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

Name of Employer ADM Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5996**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 5200.00

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

Mailing Address 220 Century Place #3316

City Alexandria State VA Zip Code 22304-7508

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

Name of Employer Chevron Occupation Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.6006**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 1250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**John P. Maxwell**

Mailing Address 948 Island Club Sq

City Vero Beach State FL Zip Code 32963-5507

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**2737.18**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11AI.5975**

Amount of Each Receipt this Period  
**231.70**

In-kind: Postage

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

Mailing Address 16250 W Old Military Rd

City Wood River State NE Zip Code 68883-9608

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

Name of Employer Exchange Bank Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.5977**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 3327 Goldenrod Cr

City Ames State IA Zip Code 50014-4576

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

Name of Employer Renewable Energy Group Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.6002**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1731.70**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Rastetter**

Mailing Address 10640 Cty Hwy D20

City Alden State IA Zip Code 50006-4814

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

Name of Employer Summit Farms LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11AI.5981**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 25601 169th St

City Spirit Lake State IA Zip Code 51360-6873

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

Name of Employer Rembrandt Enterprises, Inc., Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2014

**Transaction ID : SA11AI.5979**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 25601 169th St

City Spirit Lake State IA Zip Code 51360-6873

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2014

**Transaction ID : SA11AI.5991**

Amount of Each Receipt this Period  
 2600.00

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

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

7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Amy F Rubel**

Mailing Address 12140 450th St

City State Zip Code  
Laurens IA 50554-8703

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

Name of Employer Occupation  
Kirke Financial Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.5990**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13924 Bryn Mawr

City State Zip Code  
Urbandale IA 50323-2127

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

Name of Employer Occupation  
Renewable Energy Group, Inc. Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2014

**Transaction ID : SA11AI.5999**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1606 Maple St

City State Zip Code  
Shenandoah IA 51601-2137

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

Name of Employer Occupation  
Earl May President

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.5974**

Amount of Each Receipt this Period  
2600.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**William E Shaw**

Mailing Address 1606 Maple St

City: Shenandoah State: IA Zip Code: 51601-2137

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

Name of Employer: Earl May Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 04 / 2014

**Transaction ID : SA11AI.5978**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 1409 Southmoreland Place

City: Shenandoah State: IA Zip Code: 51601-2249

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

Name of Employer: Earl May Occupation: Sales Exec

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 06 / 2014

**Transaction ID : SA11AI.5992**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 105 Ambrose HL

City: Williamsburg State: VA Zip Code: 23185-6556

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

Name of Employer: ICG Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 550.00

Date of Receipt: 06 / 17 / 2014

**Transaction ID : SA11AI.5987**

Amount of Each Receipt this Period: 100.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Meredith Levenson Zerbe**

Mailing Address 3401 N. Ohio Street

City State Zip Code  
Arlington VA 22207-1352

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

Name of Employer Occupation  
Baxter BioScience Associate Director, Advocacy

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.5983**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

29681.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Renewable Energy Group Inc. PAC**

Mailing Address 416 S. Bell Ave.

City Ames State IA Zip Code 50010-7711

FEC ID number of contributing federal political committee. **C** C00536466

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 2750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11C.6010**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Acquire Digital</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>113a 17th Avenue South</b>		Amount of Each Disbursement this Period <b>4143.00</b>
City <b>Nashville</b> State <b>TN</b> Zip Code <b>37203-2707</b>	Purpose of Disbursement <b>Data List</b>	
Candidate Name		<b>Transaction ID : SB17.6027</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Acquire Digital</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>113a 17th Avenue South</b>		Amount of Each Disbursement this Period <b>3758.03</b>
City <b>Nashville</b> State <b>TN</b> Zip Code <b>37203-2707</b>	Purpose of Disbursement <b>Email Communications</b>	
Candidate Name		<b>Transaction ID : SB17.6042</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2014</b>
Mailing Address <b>5555 Hilton Ave Ste 106</b>		Amount of Each Disbursement this Period <b>273.22</b>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70808-2597</b>	Purpose of Disbursement <b>CC Fees</b>	
Candidate Name		<b>Transaction ID : SB17.6018</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8174.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address <b>5555 Hilton Ave Ste 106</b>		Amount of Each Disbursement this Period <b>512.85</b> <b>Transaction ID : SB17.6036</b>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70808-2597</b>	Purpose of Disbursement <b>CC Fees</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christian Printers</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>1411 21st St</b>		Amount of Each Disbursement this Period <b>1804.44</b> <b>Transaction ID : SB17.6013</b>
City <b>Des Moines</b> State <b>IA</b> Zip Code <b>50311-3209</b>	Purpose of Disbursement <b>Printing Expenses</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christian Printers</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>1411 21st St</b>		Amount of Each Disbursement this Period <b>2419.98</b> <b>Transaction ID : SB17.6025</b>
City <b>Des Moines</b> State <b>IA</b> Zip Code <b>50311-3209</b>	Purpose of Disbursement <b>Printing Expenses</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4737.27</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Christian Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1411 21st St		Amount of Each Disbursement this Period 6452.25
City Des Moines	State IA Zip Code 50311-3209	
Purpose of Disbursement Printing Expenses		Transaction ID : SB17.6043
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Competitive Edge, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 3500 109th St		Amount of Each Disbursement this Period 951.35
City Des Moines	State IA Zip Code 50322-8100	
Purpose of Disbursement Vol Materials		Transaction ID : SB17.6039
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dynim Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 3970 Nw Urbandale Dr		Amount of Each Disbursement this Period 364.20
City Urbandale	State IA Zip Code 50322-7922	
Purpose of Disbursement Phone & Internet		Transaction ID : SB17.6034
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7767.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Fogg Nims &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>1116 Grand Ave</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>West Des Moines</b>	State <b>IA</b>	
Zip Code <b>50265-3520</b>	Purpose of Disbursement <b>Compliance</b>	<b>Transaction ID : SB17.6041</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Eric Hollander</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>PO Box 1776</b>		Amount of Each Disbursement this Period <b>1736.77</b>
City <b>Folly Beach</b>	State <b>SC</b>	
Zip Code <b>29439-1776</b>	Purpose of Disbursement <b>Expense Reimbursement</b>	<b>Transaction ID : SB17.6023</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Kabel Business Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>1454 30th Street Suite #105</b>		Amount of Each Disbursement this Period <b>6840.12</b>
City <b>West Des Moines</b>	State <b>IA</b>	
Zip Code <b>50266-1311</b>	Purpose of Disbursement <b>Payroll</b>	<b>Transaction ID : SB17.6012</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9076.89</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Kabel Business Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1454 30th Street Suite #105		Amount of Each Disbursement this Period 604.71
City West Des Moines	State IA Zip Code 50266-1311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : SB17.6029</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kabel Business Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1454 30th Street Suite #105		Amount of Each Disbursement this Period 7788.96
City West Des Moines	State IA Zip Code 50266-1311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : SB17.6030</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kabel Business Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1454 30th Street Suite #105		Amount of Each Disbursement this Period 8662.47
City West Des Moines	State IA Zip Code 50266-1311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : SB17.6045</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17056.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Kimtay, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3994 NW Urbandale Drive # 98		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.6020</b>
City Urbandale State IA Zip Code 50322-7922	Purpose of Disbursement Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blake Lanum</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 7800 Iltis Dr #d47		Amount of Each Disbursement this Period 581.49 <b>Transaction ID : SB17.6032</b>
City Urbandale State IA Zip Code 50322-1627	Purpose of Disbursement Staff Reimbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Clinton Maxey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 1317 Moreau Dr		Amount of Each Disbursement this Period 94.45 <b>Transaction ID : SB17.6024</b>
City Jefferson City State MO Zip Code 65101-3665	Purpose of Disbursement Staff Reimbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2675.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. John P. Maxwell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 06 / 2014</b>
Mailing Address <b>948 Island Club Sq</b>		Amount of Each Disbursement this Period <b>231.70</b>
City <b>Vero Beach</b> State <b>FL</b> Zip Code <b>32963-5507</b>	Purpose of Disbursement In-kind: Postage	
Candidate Name		<b>Transaction ID : SB17.6011</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rapid Reproductions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>3976 Nw Urbandale Dr</b>		Amount of Each Disbursement this Period <b>86.08</b>
City <b>Urbandale</b> State <b>IA</b> Zip Code <b>50322-7922</b>	Purpose of Disbursement Printing	
Candidate Name		<b>Transaction ID : SB17.6021</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Republican Party of Polk County</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 20 / 2014</b>
Mailing Address <b>3111 Ingersoll Ave</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Des Moines</b> State <b>IA</b> Zip Code <b>50312-3902</b>	Purpose of Disbursement Room Rental	
Candidate Name		<b>Transaction ID : SB17.6035</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>567.78</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Rivet Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 204 37th Ave N #439		Amount of Each Disbursement this Period 4000.00
City Saint Petersburg	State FL	
Zip Code 33704-1416	Purpose of Disbursement Fundraising Retainer	Transaction ID : SB17.6016
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Montgomery Shaw</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 4315 timberwood drive		Amount of Each Disbursement this Period 2505.63
City West Des Moines	State IA	
Zip Code 50265-5379	Purpose of Disbursement Travel and Event Expense	Transaction ID : SB17.6033
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>c. Anna Tarnawski</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 65828		Amount of Each Disbursement this Period 631.29
City West Des Moines	State IA	
Zip Code 50265-0828	Purpose of Disbursement Expense Reimbursement	Transaction ID : SB17.6015
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7136.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 430 5th St		Amount of Each Disbursement this Period 343.00
City West Des Moines	State IA	
Zip Code 50265-8705	Purpose of Disbursement Postage	Transaction ID : SB17.6017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 430 5th St		Amount of Each Disbursement this Period 392.00
City West Des Moines	State IA	
Zip Code 50265-8705	Purpose of Disbursement Postage	Transaction ID : SB17.6019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 430 5th St		Amount of Each Disbursement this Period 66.00
City West Des Moines	State IA	
Zip Code 50265-8705	Purpose of Disbursement Postage	Transaction ID : SB17.6022
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	801.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2014</b>
Mailing Address <b>430 5th St</b>		Amount of Each Disbursement this Period <b>421.40</b>
City <b>West Des Moines</b>	State <b>IA</b> Zip Code <b>50265-8705</b>	
Purpose of Disbursement <b>Postage</b>	Candidate Name	<b>Transaction ID : SB17.6031</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 08 / 2014</b>
Mailing Address <b>5200 30th St SW # 7</b>		Amount of Each Disbursement this Period <b>6760.28</b>
City <b>Davenport</b>	State <b>IA</b> Zip Code <b>52802-3039</b>	
Purpose of Disbursement <b>Consulting &amp; Media Production</b>	Candidate Name	<b>Transaction ID : SB17.6028</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>5200 30th St SW # 7</b>		Amount of Each Disbursement this Period <b>11077.63</b>
City <b>Davenport</b>	State <b>IA</b> Zip Code <b>52802-3039</b>	
Purpose of Disbursement <b>Media Production and Consulting</b>	Candidate Name	<b>Transaction ID : SB17.6044</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>18259.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Grant Young</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address <b>3988 NW Urbandale Dr</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Urbandale</b> State <b>IA</b> Zip Code <b>50322-7922</b>	Category/Type	
Purpose of Disbursement <b>Consulting</b>	Candidate Name	<b>Transaction ID : SB17.6038</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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 M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>78253.30</b>

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

NAME OF COMMITTEE (In Full) **lowans for Shaw Inc. dba lowans for Shaw** Transaction ID : **SC/10.5970**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Montgomery Shaw</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4315 timberwood drive	

City	State	ZIP Code
West Des Moines	IA	50265-5379

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 27 / Y 2014	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	30000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Iowans for Shaw Inc. dba Iowans for Shaw**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Christian Printers</b>	Nature of Debt (Purpose): printing expenses
Mailing Address 1411 21st St	
City State Zip Code Des Moines IA 50311-3209	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.6084</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="6063.94"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="6063.94"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Montgomery Shaw</b>	Nature of Debt (Purpose): travel and event expenses
Mailing Address 4315 timberwood drive	
City State Zip Code West Des Moines IA 50265-5379	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.6085</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="2704.34"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2704.34"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Victory Enterprises</b>	Nature of Debt (Purpose): consulting and media production
Mailing Address 5200 30th St SW # 7	
City State Zip Code Davenport IA 52802-3039	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.6083</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="5889.81"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5889.81"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="14658.09"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="14658.09"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="30000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="44658.09"/>