FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
15 JUL 13 AM 10: 08
Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Braley for Iowa

ADDRESS (number and street) ▼ 2813 Virginia Place

☐ Check if different than previously reported. (ACC)

CITY ▲ Des Moines — STATE ▲ IA — ZIP CODE ▲ 50321 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00541417

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ IA — DISTRICT 00

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 MM / DD / YYYY in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 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 Theresa L Kehoe

Signature of Treasurer *Theresa L Kehoe* Theresa Kehoe Date 07 / 07 / 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.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

2015071302001802 59

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Braley for Iowa

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

	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)) ..	0.00	8640.20
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	855.65
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	0.00	7784.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	4450.00	334246.42
(b) Total Offsets to Operating Expenditures (from Line 14)...	3418.36	28410.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	1031.64	305835.83
8. Cash on Hand at Close of Reporting Period (from Line 27)...	2722.46	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ...	65464.46	

For further information contact:

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

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

201507130200180260

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Braley for Iowa

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...	0.00	500.00
(ii) Unitemized.....	0.00	6751.57
(iii) TOTAL of contributions from individuals . ▶	0.00	7251.57
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	1388.63
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	8640.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	37634.21
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	3418.36	28410.59
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2019.07	179836.67
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	5437.43	254521.67

2015071302001802261

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4450.00	334246.42
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	855.65
(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	855.65
21. OTHER DISBURSEMENTS...	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4450.00	335102.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1735.03
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	5437.43
25. SUBTOTAL (add Line 23 and Line 24)...	7172.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4450.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2722.46

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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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 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)
Braley for Iowa

A.
Full Name (Last, First, Middle Initial): Delta Dental
Mailing Address: PO Box 9000
City: Johnston | State: IA | Zip Code: 50131
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 720.56
Date of Receipt: 04 / 03 / 2015
Transaction ID : C10556180
Amount of Each Receipt this Period: 453.02
Reimb health care

B.
Full Name (Last, First, Middle Initial): Shorr Johnson Magnus
Mailing Address: 100 N 20th St #201
City: Philadelphia | State: PA | Zip Code: 19103
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 4715.50
Date of Receipt: 04 / 06 / 2015
Transaction ID : C10556183
Amount of Each Receipt this Period: 450.50
reimb. media buy

C.
Full Name (Last, First, Middle Initial): Delta Dental
Mailing Address: PO Box 9000
City: Johnston | State: IA | Zip Code: 50131
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 720.56
Date of Receipt: 05 / 01 / 2015
Transaction ID : C10586188
Amount of Each Receipt this Period: 43.84
reimb health care payment

SUBTOTAL of Receipts This Page (optional) 947.36

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

201507130200180263

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Braley for Iowa

A.
Full Name (Last, First, Middle Initial): Allied Insurance
Mailing Address: The Sinnott Agency, Inc.
PO Box 1918
City: Waterloo State: IA Zip Code: 50704
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2471.00

Date of Receipt: 04 / 03 / 2015
Transaction ID : C10556179
Amount of Each Receipt this Period: 2471.00
Reimb Insurance

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: MM / DD / YYYY
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: MM / DD / YYYY
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 2471.00

TOTAL This Period (last page this line number only) 3418.36

201507130200180264

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Braley for Iowa

A.
Full Name (Last, First, Middle Initial): Names in the News
Mailing Address: 180 Grand Ave #1545
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2019.07

Date of Receipt: 06 / 06 / 2015
Transaction ID : C10586190
Amount of Each Receipt this Period: 1322.19
list rental income

B.
Full Name (Last, First, Middle Initial): Names in the News
Mailing Address: 180 Grand Ave #1545
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2019.07

Date of Receipt: 04 / 08 / 2015
Transaction ID : C10559567
Amount of Each Receipt this Period: 132.93
list rental

C.
Full Name (Last, First, Middle Initial): Names in the News
Mailing Address: 180 Grand Ave #1545
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2019.07

Date of Receipt: 04 / 08 / 2015
Transaction ID : C10559568
Amount of Each Receipt this Period: 423.95
list rental

SUBTOTAL of Receipts This Page (optional) 1879.07

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

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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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Braley for Iowa

A.
Full Name (Last, First, Middle Initial): Names in the News
Mailing Address: 180 Grand Ave #1545
City: Oakland State: CA Zip Code: 94612
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2019.07

Date of Receipt: 05 / 09 / 2015
Transaction ID : C10586189
Amount of Each Receipt this Period: 140.00
list rental income

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: / /
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: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 140.00

TOTAL This Period (last page this line number only) 2019.07

201507130200180266

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Braley for Iowa

A.
Full Name (Last, First, Middle Initial): NGP VAN, Inc
Mailing Address: 1101 15th St NW #500
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: online database exp
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 02 / 2015
Amount of Each Disbursement this Period: 450.00
Transaction ID : D526425

B.
Full Name (Last, First, Middle Initial): Theresa L Kehoe
Mailing Address: 2813 Virginia Place
City: Des Moines State: IA Zip Code: 50321
Purpose of Disbursement: compliance consutant
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 29 / 2015
Amount of Each Disbursement this Period: 4000.00
Transaction ID : D526428

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 4450.00

TOTAL This Period (last page this line number only) 4450.00

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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)
Braley for Iowa

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Well & Lighthouse, LLC

Mailing Address 1244 19th St NW

City Washington State DC Zip Code 20036

Nature of Debt (Purpose): media commissions

Outstanding Balance Beginning This Period: 60464.46

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 60464.46

Transaction ID : D521591

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Well & Lighthouse, LLC

Mailing Address 1244 19th St NW

City Washington State DC Zip Code 20036

Nature of Debt (Purpose): fundraising consulting fees

Outstanding Balance Beginning This Period: 5000.00

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 5000.00

Transaction ID : D521592

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .. ▶	65464.46
2) **TOTALS** This Period (last page this line number only) ... ▶	65464.46
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)... ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	65464.46

FE5AN018

2015071302001802 68

Hand Delivered

201507130200180269

JULIE ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-711
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 7/13/15
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7/13/15

2/28/2015

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SEN PATCH

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