

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND</b>		3. FEC Identification Number <b>C</b> C90013897
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 FOREST AVENUE		
(c) City, State and ZIP Code DES MOINES IA 50311		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM  /  /  01 / 22 / 2016  
THROUGH  /  /  01 / 23 / 2016

6. TOTAL CONTRIBUTIONS.....  .00  
7. TOTAL INDEPENDENT EXPENDITURES .....  1517.94

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

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Matthew Covington	<i>Matthew Covington</i> [Electronically Filed]	01/24/2016

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 73.05	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000001
Purpose of Expenditure staff time, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Emily Harmon		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 18.29	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000002
Purpose of Expenditure staff time, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Bridget Fagan-Reidburn		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 380.44	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000003
Purpose of Expenditure staff time and mileage	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	471.78
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Residence Inn		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2681 James St		Amount 144.48	
City Coralville	State IA	Zip Code 52241	Transaction ID : F57.000004
Purpose of Expenditure lodging for staff	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14415.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Nathan Malachowski		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 443.92	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000005
Purpose of Expenditure staff time, mileage, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14859.78		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Harris Pizza		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 524 E Locust St		Amount 164.64	
City Davenport	State IA	Zip Code 52803	Transaction ID : F57.000006
Purpose of Expenditure food for voter contact phone bank	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15024.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	753.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Liz Blind		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 9.00	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000007
Purpose of Expenditure staff time and voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15033.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Adam Mason		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 51.00	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000008
Purpose of Expenditure staff time, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15084.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Melissa Grooters		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 9.72	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000009
Purpose of Expenditure voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15094.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	69.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Jessica Mazour		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 19.30	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time, voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000010	

Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 27.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time, voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000011	

Full Name (Last, First, Middle Initial) of Payee Hugh Espey		Date of Public Distribution/Dissemination 01 / 23 / 2016	
Mailing Address 2001 Forest Ave		Amount 177.10	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure staff time and voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	223.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1517.94