

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
WALT ROGERS FOR IOWA

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))....	100.00	149252.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	18200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100.00	131052.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1702.86	130168.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	143.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1702.86	130025.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1026.20	
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).....	0.00	

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

WALT ROGERS FOR IOWA

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

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).....	50.00	122111.00
(ii) Unitemized.....	50.00	26569.00
(iii) TOTAL of contributions from individuals ▶	100.00	148680.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	72.10
(d) The Candidate.....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100.00	149252.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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.)	0.00	143.09
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	100.00	149395.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1702.86	130168.99
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	18200.00
(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	18200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1702.86	148368.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2629.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100.00
25. SUBTOTAL (add Line 23 and Line 24).....	2729.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1702.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1026.20

**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 9
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
FORREST ALLEN DOLGENER

Mailing Address 806 SOUTH RIDGE DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer UNIVERSITY OF NORTHEN IOWA Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

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).....

50.00

50.00

**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 6 OF 9	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ADP-AUTOMATIC DATA PROCESSING, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1 ADP BLVD.		Amount of Each Disbursement this Period 54.50 Transaction ID : SB17.6027
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CEDAR FALLS UTILITIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address UTILITY PARKWAY		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.6037
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GODADDY.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 100 MATHILDA PL		Amount of Each Disbursement this Period 107.88 Transaction ID : SB17.6041
City SUNNYVALE	State CA	
Zip Code 94086	Purpose of Disbursement WEB SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	227.88
TOTAL 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 7 OF 9
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. IDONATEPRO		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2033 SAN ELIJO AVENUE, #203		Amount of Each Disbursement this Period 218.95 Transaction ID : SB17.6045
City CARDIFF BY THE SEA	State CA	
Zip Code 92007	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 26.95 Transaction ID : SB17.6033
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 26.95 Transaction ID : SB17.6034
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement SUBSCRIPTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	218.95
TOTAL 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 8 OF 9
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 1105.97 Transaction ID : SB17.6035
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SUBSCRIPTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MAILING SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 923 N MEADOW ST.		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.6042
City RICHMOND State VA Zip Code 23220	Purpose of Disbursement LIST RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NAB INVESTMENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 4632 WHISPERING PINES CIR		Amount of Each Disbursement this Period 929.02 Transaction ID : SB17.6039
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1105.97
TOTAL 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 9 OF 9
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6031
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. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6032
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) C. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 27.25
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6038
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:		

SUBTOTAL of Disbursements This Page (optional).....	30.91
TOTAL This Period (last page this line number only).....	1583.16