

**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

LOFGREN FOR CONGRESS

ADDRESS (number and street)  
▼

PO Box 213

Check if different  
than previously  
reported. (ACC)

Muscatine

IA

52761

2. FEC IDENTIFICATION NUMBER ▼

C

C00546192

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IA

02

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  
10 / 01 / 2013

through

M M / D D / Y Y Y Y  
12 / 31 / 2013

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 Mary E Benson

Signature of Treasurer

Mary E Benson

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 15 / 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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

LOFGREN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	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))....	34003.28	91335.28
(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)) .....	34003.28	91335.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26546.80	58966.61
(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)) .....	26546.80	58966.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32368.67	
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) .....	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

PAGE 3 / 31

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**LOFGREN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**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).....**

24338.05

65443.05

**(ii) Unitemized.....**

4741.10

16036.10

**(iii) TOTAL of contributions from individuals ▶**

29079.15

81479.15

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

300.00

1300.00

**(d) The Candidate.....**

4624.13

8556.13

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

34003.28

91335.28

**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

0.00

**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)..... ▶

34003.28

91335.28

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26546.80	58966.61
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) ►	26546.80	58966.61

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24912.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34003.28
25. SUBTOTAL (add Line 23 and Line 24).....	58915.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26546.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32368.67

# **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)

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

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Barbara J. Andersen</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2013	
Mailing Address 2448 Prairie Rose Ridge			<b>Transaction ID : SA11AI.4776</b>	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Unity Point		Occupation Speech Pathologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mary V. Andringa</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 10682 NE 46th Ave.			<b>Transaction ID : SA11AI.4804</b>	
City Mitchellville	State IA	Zip Code 50169	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Vermeer Corp.		Occupation CEO, Pres.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ronald O Brendengen</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address 5035 Silver Oak Ct.			<b>Transaction ID : SA11AI.4696</b>	
City Marion	State IA	Zip Code 52302-9195	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Berthel Fisher & Co.		Occupation Accountant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>David C Burdakin</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 2473 Prairie Rose Ridge			Transaction ID : SA11AI.4724	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Occupation Chairman of the Board		
Name of Employer Maylin Corp.		Election Cycle-to-Date 1600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>David C Burdakin</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 2473 Prairie Rose Ridge			Transaction ID : SA11AI.4811	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 777.76	
FEC ID number of contributing federal political committee. C		Occupation Chairman of the Board		
Name of Employer Maylin Corp.		Election Cycle-to-Date 2377.76		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>Thomas M. Bush</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address 4219 E. 59th St.			Transaction ID : SA11AI.4762	
City Davenport	State IA	Zip Code 52807	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Occupation Public Relations Manager		
Name of Employer McCarthy Bush Corp.		Election Cycle-to-Date 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....			2027.76	
TOTAL This Period (last page this line number only).....				

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John B Calacci</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2013	
Mailing Address P.O. Box 1906			<b>Transaction ID : SA11AI.4741</b>	
City	State	Zip Code		
Iowa City	IA	52244		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer Calacci Construction Co, Inc		Occupation Self-employed Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Gary L Carlson</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 104 Deerpath Lane			<b>Transaction ID : SA11AI.4702</b>	
City	State	Zip Code		
Muscatine	IA	52761		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer HNI Corporation		Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Peter C. Clausen</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address 2849 Small Ct.			<b>Transaction ID : SA11AI.4706</b>	
City	State	Zip Code		
Camanche	IA	52730		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Clausen Supply Co.		Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

Use separate schedule(s)  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Walter Conlon

A.

Mailing Address 600 Walnut St

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert A. Davis

B.

Mailing Address 2452 Sunflower Rdg.

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uptown Motors

Occupation

Partner Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Thomas A. Dittmer

C.

Mailing Address 12090 - 240th St.

City

Eldridge

State

IA

Zip Code

52748-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grandview Farms, Inc.

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2013

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period

250.00

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

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

750.00



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

Use separate schedule(s)  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Nile S. Dusdieker

A.

Mailing Address 1968 Elm Ridge Rd NE

City

North Liberty

State

IA

Zip Code

52317-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

David J. Franks

B.

Mailing Address 5167 Utica Ridge Rd.

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franks &amp; Roeder

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2013

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

Julian B. Garrett

C.

Mailing Address 19978 115th Ave.

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert C Gochee

A.

Mailing Address 13405 - 322nd St W

City

Illinois City

State

IL

Zip Code

61259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : SA11AI.4604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Brian T Hahn

B.

Mailing Address 3028 Provence Lane

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2013

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

W. Dennis Hanser

C.

Mailing Address 1813 Snaggy Ridge Rd.

City

Tipton

State

IA

Zip Code

52772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilton Precision Steel

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jack R. Harris</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address 8013 Tiburon Place			<b>Transaction ID : SA11AI.4700</b>	
City	State	Zip Code		
Johnston	IA	50131		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed		Occupation Engineer/Mfg. Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>D Scott Ingstad</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2013	
Mailing Address 1924 Wildwood Ln			<b>Transaction ID : SA11AI.4726</b>	
City	State	Zip Code		
Muscatine	IA	52761		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 50.00	
Name of Employer First National Bank Muscatine		Occupation President and CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>James G. Kent</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 3300 Tipton Rd.			<b>Transaction ID : SA11AI.4801</b>	
City	State	Zip Code		
Muscatine	IA	52761		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2600.00	
Name of Employer Unemployed		Occupation Student		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2900.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

James G. Kent

A.

Mailing Address 3300 Tipton Rd.

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Student

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Patrick Kessel

B.

Mailing Address 412 Heatherwood Circle

City

Fairfield

State

IA

Zip Code

52556-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Insurance Sales Farm Bureau Financial

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2013

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Steven L. Kruse

C.

Mailing Address 2345 Highway 16

City

West Point

State

IA

Zip Code

52656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Kennel Owner

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period

300.00

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

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

3150.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

James M Lofgren

Mailing Address 1230 Glenwood

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Pepper Snapple Group

Occupation

Finance Director

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Anthony J Manatt

Mailing Address P.O. Box 186

City

De Witt

State

IA

Zip Code

52742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manatts, Inc.

Occupation

President, Wendling Quarries

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mary E. Benson LLC

Mailing Address 2117 State Street, Ste 100

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2064.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period

984.00

In-kind -Accounting services

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

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

3834.00

# **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)

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

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>David Meier</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 27 / 2013		
Mailing Address 15175 240th St.			<b>Transaction ID : SA11AI.4712</b>		
City	State	Zip Code			
Eldridge	IA	52748			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00		
Name of Employer Iowa 80 Group		Occupation Manager			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jeannine Nepple</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2013		
Mailing Address 2704 Mulberry Ave.			<b>Transaction ID : SA11AI.4704</b>		
City	State	Zip Code			
Muscatine	IA	52761			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00		
Name of Employer Retired		Occupation Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Doug Stark</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2013		
Mailing Address 40 E. Dovetail Dr.			<b>Transaction ID : SA11AI.4793</b>		
City	State	Zip Code			
Coralville	IA	52241			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00		
Name of Employer Retired		Occupation Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1000.00		
<b>TOTAL</b> This Period (last page this line number only).....					

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jim Stein</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2013	
Mailing Address 2975 Hwy 22			<b>Transaction ID : SA11AI.4797</b>	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer Self-Employed		
Occupation Veterinarian		Election Cycle-to-Date _____ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Larry E Stewart</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 1710 Cobblestone Dr			<b>Transaction ID : SA11AI.4800</b>	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period _____ 125.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer Riverbend Anesthesia		
Occupation Anesthetist		Election Cycle-to-Date _____ 625.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Steven E. Sukup</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 1405 N. Shore Dr.			<b>Transaction ID : SA11AI.4666</b>	
City Clear Lake	State IA	Zip Code 50428	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C _____		Name of Employer Sukup Manufacturing Company		
Occupation VP and CFO		Election Cycle-to-Date _____ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 1125.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jerry Sulzberger

Mailing Address 1500 S. Houser

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sulzberger Excavating, Inc.

Occupation

Self-employed Contractor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rob Taylor

Mailing Address 495 77th Place

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beller Distributing

Occupation

Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric Thomsen

Mailing Address 2196 North Hill Rd.

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kent Corp.

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2013

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period

250.00

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

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

1500.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Katherine Vandygriff Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2013	
Mailing Address 3279 Highway 22			<b>Transaction ID : SA11AI.4632</b>	
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Name of Employer Retired		
Occupation Retired		Election Cycle-to-Date 2000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cheryle A. Vilmont</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 1633 Mill Creek Crossing			<b>Transaction ID : SA11AI.4694</b>	
City Clinton	State IA	Zip Code 52732	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer Retired		
Occupation Retired		Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Bill Wallace</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 09 / 2013	
Mailing Address 5155 Silver Spur Rd.			<b>Transaction ID : SA11AI.4688</b>	
City Bettendorf	State IA	Zip Code 52722-5813	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer Vanguard Dist. Co.		
Occupation Sales		Election Cycle-to-Date 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3500.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Michael Whalen****A.**

Mailing Address 2140 St. Andrews Circle

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart of America Development

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

**Transaction ID : SA11AI.4614**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Dale A Wilder****B.**

Mailing Address 2214 Oak Valley Dr

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverbend Anesthesia

Occupation

Anesthetist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

601.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2013

**Transaction ID : SA11AI.4670**

Amount of Each Receipt this Period

101.29

In-kind - Meet &amp; Greet Meal

Full Name (Last, First, Middle Initial)

**Dale A Wilder****C.**

Mailing Address 2214 Oak Valley Dr

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverbend Anesthesia

Occupation

Anesthetist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

701.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

701.29

24338.05

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<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)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>American Principles PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		04		2013	
M M M	/	D D D	/	Y Y Y Y Y Y										
10		04		2013										
Mailing Address 20533 Biscayne Blvd, Ste 250		<b>Transaction ID : SA11C.4620</b>												
City Miami	State FL	Zip Code 33180	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>300.00</td> </tr> </table>											300.00
										300.00				
FEC ID number of contributing federal political committee. <b>C</b> C00492579														
Name of Employer		Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>300.00</td> </tr> </table>												300.00
										300.00				
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y						
M M M	/	D D D	/	Y Y Y Y Y Y										
Mailing Address														
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
FEC ID number of contributing federal political committee. <b>C</b>														
Name of Employer		Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y						
M M M	/	D D D	/	Y Y Y Y Y Y										
Mailing Address														
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
FEC ID number of contributing federal political committee. <b>C</b>														
Name of Employer		Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>300.00</td> </tr> </table>												300.00
										300.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>300.00</td> </tr> </table>												300.00
										300.00				

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARK S LOFGREN

Mailing Address 3025 PROVENCE LANE

City

MUSCATINE

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C H4IA02042

Name of Employer

Mark Lofgren

Occupation

Financial Consultant Self-employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4022.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11D.4844

Amount of Each Receipt this Period

90.00

In-kind - Phone Usage

Full Name (Last, First, Middle Initial)

MARK S LOFGREN

Mailing Address 3025 PROVENCE LANE

City

MUSCATINE

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C H4IA02042

Name of Employer

Mark Lofgren

Occupation

Financial Consultant Self-employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

8556.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11D.4848

Amount of Each Receipt this Period

4534.13

In-kind - Mileage 4th Qtr 2013 at 56.5/mi

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).....

4624.13

4624.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. David C Burdakin**

Mailing Address 2473 Prairie Rose Ridge

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

777.76
--------

Purpose of Disbursement  
In-kind - SuppliesCategory/  
Type**Transaction ID : SB17.4812**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. HyVee**

Mailing Address 2400 2 Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

243.93
--------

Purpose of Disbursement  
Supplies

007

Category/  
Type**Transaction ID : SB17.4830**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

City	State	Zip Code
MUSCATINE	IA	52761

Amount of Each Disbursement this Period

90.00
-------

Purpose of Disbursement  
In-kind - Phone UsageCategory/  
Type**Transaction ID : SB17.4845**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

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

1111.69

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

City	State	Zip Code
MUSCATINE	IA	52761

Amount of Each Disbursement this Period

4534.13
---------

Purpose of Disbursement  
In-kind - Mileage 4th Qtr 2013 at 56.5/mi**Transaction ID : SB17.4849**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" 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: IA District: 02

Full Name (Last, First, Middle Initial)

**B. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

City	State	Zip Code
MUSCATINE	IA	52761

Amount of Each Disbursement this Period

6.80
------

Purpose of Disbursement  
Out of Pocket Campaign Expenses**Transaction ID : SB17.4850**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" 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: IA District: 02

Full Name (Last, First, Middle Initial)

**C. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

City	State	Zip Code
MUSCATINE	IA	52761

Amount of Each Disbursement this Period

388.64
--------

Purpose of Disbursement  
Out of Pocket Lodging while Campaigning Expenses**Transaction ID : SB17.4851**

Candidate Name

Category/  
Type

Office Sought:	<input checked="" 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: IA District: 02

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

4929.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

City	State	Zip Code
MUSCATINE	IA	52761

Purpose of Disbursement  
Out of Pocket Website Domain Expense

001

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

144.60
--------

Transaction ID : SB17.4852

**B. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

City	State	Zip Code
MUSCATINE	IA	52761

Purpose of Disbursement  
Out of Pocket Meals for Volunteers

003

Category/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

58.10
-------

Transaction ID : SB17.4853

**c. Mary E. Benson LLC**

Mailing Address 2117 State Street, Ste 100

City	State	Zip Code
Bettendorf	IA	52722

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

984.00
--------

Transaction ID : SB17.4835

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

1186.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mary E. Benson LLC**

Mailing Address 2117 State Street, Ste 100

City	State	Zip Code
Bettendorf	IA	52722

Purpose of Disbursement  
In-kind -Accounting services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period

984.00
--------

Transaction ID : SB17.4839

**B. Muscatine Post Office**

Mailing Address Cedar Street

City	State	Zip Code
Muscatine	IA	52761

Purpose of Disbursement  
PO Box Rental 1 Yr

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2013

Amount of Each Disbursement this Period

44.00
-------

Transaction ID : SB17.4681

**C. Muscatine Post Office**

Mailing Address Cedar Street

City	State	Zip Code
Muscatine	IA	52761

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 18 / 2013

Amount of Each Disbursement this Period

230.00
--------

Transaction ID : SB17.4816

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

1258.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Muscatine Post Office**

Mailing Address Cedar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

15.84
-------

Purpose of Disbursement  
Postage

006

**Transaction ID : SB17.4824**

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. Muscatine Post Office**

Mailing Address Cedar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

460.00
--------

Purpose of Disbursement  
Postage

006

**Transaction ID : SB17.4825**

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)

**C. OP Printing**

Mailing Address 2610 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

3489.82
---------

Purpose of Disbursement  
Campaign Notepads & Palm Cards

006

**Transaction ID : SB17.4685**

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:

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

3965.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

1684.20
---------

Purpose of Disbursement  
Consulting services

001

**Transaction ID : SB17.4560**

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. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

1684.20
---------

Purpose of Disbursement  
Campaign Supplies

006

**Transaction ID : SB17.4675**

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)

**C. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

2337.95
---------

Purpose of Disbursement  
Campaign Supplies - Signs

006

**Transaction ID : SB17.4679**

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:

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

5706.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

2250.00
---------

Purpose of Disbursement  
Consulting Expense

001

**Transaction ID : SB17.4680**

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. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

2250.00
---------

Purpose of Disbursement  
Consulting Services

001

**Transaction ID : SB17.4820**

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)

**C. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

601.15
--------

Purpose of Disbursement  
Printed Supplies

006

**Transaction ID : SB17.4826**

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:

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

5101.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

2250.00
---------

Purpose of Disbursement  
Consulting Services

001

**Transaction ID : SB17.4832**

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. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2013

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

41.73
-------

Purpose of Disbursement  
Signage

004

**Transaction ID : SB17.4833**

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)

**C. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

25.49
-------

Purpose of Disbursement  
Campaign Supplies

006

**Transaction ID : SB17.4672**

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:

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

2317.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

56.07
-------

Purpose of Disbursement  
Campaign Supplies

006

**Transaction ID : SB17.4678**

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. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

60.87
-------

Purpose of Disbursement  
Campaign Supplies

006

**Transaction ID : SB17.4684**

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)

**C. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

37.34
-------

Purpose of Disbursement  
Supplies

006

**Transaction ID : SB17.4813**

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:

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

154.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

60.23
-------

Purpose of Disbursement  
Supplies

006

**Transaction ID : SB17.4819**

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. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

188.45
--------

Purpose of Disbursement  
Supplies

006

**Transaction ID : SB17.4823**

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)

**C. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

52.28
-------

Purpose of Disbursement  
Supplies

006

**Transaction ID : SB17.4827**

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:

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

300.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 3003 N Hwy 61

City  
MuscatineState  
IAZip Code  
52761Purpose of Disbursement  
Supplies

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2013

Amount of Each Disbursement this Period

64.78
-------

Transaction ID : SB17.4834

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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

64.78

26096.36