

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

IOWA PRIORITIES

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

### 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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SCHAEFFER, ADAM, , ,

Type or Print Name of Treasurer

Signature of Treasurer SCHAEFFER, ADAM, , , [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**IOWA PRIORITIES**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="500.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4835.00"/>	<input type="text" value="4835.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5335.00"/>	<input type="text" value="5335.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4835.00"/>	<input type="text" value="4835.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="500.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

IOWA PRIORITIES

Report Covering the Period: From: 04 / 01 / 2018 To: 06 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4835.00	4835.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4835.00	4835.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4835.00	4835.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4835.00	4835.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4835.00	4835.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4835.00	4835.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4835.00	4835.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4835.00	4835.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4835.00	4835.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4835.00	4835.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4835.00	4835.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4835.00	4835.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4835.00	4835.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Report reflects an inkind contribution that is reported on Schedule A for the debt reported on Schedule D. A balancing entry has been entered on Schedule B for the inkind contributions reported on Schedule A. These entries are made as a work-around in the software since the FECFile does not permit the entry of inkind contributions as a payment method for transactions on Schedule D.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

87.50

Date of Receipt

**06 / 30 / 2018**

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period

87.50

Memo Item  
In-kind - Compliance Services

**B. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

**06 / 30 / 2018**

**Transaction ID : SA11AI.4187**

Amount of Each Receipt this Period

280.00

Memo Item  
In-kind - Compliance Services

**C. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

**06 / 30 / 2018**

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period

52.50

Memo Item  
In-kind - Compliance Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4186

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4187

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4188

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **717.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  

297.50
--------

Memo Item  
In-kind - Compliance Services

**B. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1032.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  

315.00
--------

Memo Item  
In-kind - Compliance Services

**C. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **1172.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : SA11AI.4191**

Amount of Each Receipt this Period  

140.00
--------

Memo Item  
In-kind - Compliance Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>752.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4189

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4190

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4191

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1207.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
35.00

Memo Item  
In-kind - Compliance Services

**B. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1557.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
350.00

Memo Item  
In-kind - Compliance Services

**C. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
112.50

Memo Item  
In-kind - Compliance Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	497.50
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4192

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4193

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4194

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
45.00

Memo Item  
In-kind - Compliance Services

**B. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2052.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
337.50

Memo Item  
In-kind - Compliance Services

**C. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2075.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
22.50

Memo Item  
In-kind - Compliance Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4195

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4196

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4197

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2165.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
90.00

Memo Item  
In-kind - Compliance Services

**B. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
175.00

Memo Item  
In-kind - Compliance Services

**C. RightSide Compliance**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
495.00

Memo Item  
In-kind - Compliance Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFHZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4198

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4199

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4200

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 22 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. RightSide Compliance**

Mailing Address PO Box 341027

City Austin	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
1500.00

Memo Item  
In-kind - Compliance Services

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. The Gober Group**

Mailing Address PO Box 341016

City Austin	State TX	Zip Code 78734
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
500.00

Memo Item  
In-kind - Legal Services

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	4835.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4201

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4185

Entry is for inkind contribution made to resolve debt and bring balances due as reported on Schedule D to zero for the purposes of termination.

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

Full Name (Last, First, Middle Initial) <b>A. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4206</b> Amount of Each Disbursement this Period [ ] 87.50	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4207</b> Amount of Each Disbursement this Period [ ] 280.00	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4208</b> Amount of Each Disbursement this Period [ ] 52.50	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

Full Name (Last, First, Middle Initial)

### A. RightSide Compliance

Mailing Address PO Box 341027

City  
Austin

State  
TX

Zip Code  
78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

297.50

Memo Item

Full Name (Last, First, Middle Initial)

### B. RightSide Compliance

Mailing Address PO Box 341027

City  
Austin

State  
TX

Zip Code  
78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

315.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. RightSide Compliance

Mailing Address PO Box 341027

City  
Austin

State  
TX

Zip Code  
78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

140.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

752.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

Full Name (Last, First, Middle Initial)

**A. RightSide Compliance**

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4212  
Amount of Each Disbursement this Period  
35.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RightSide Compliance**

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4213  
Amount of Each Disbursement this Period  
350.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RightSide Compliance**

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4214  
Amount of Each Disbursement this Period  
112.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

497.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

Full Name (Last, First, Middle Initial) <b>A. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4215</b> Amount of Each Disbursement this Period [ ] 45.00	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4217</b> Amount of Each Disbursement this Period [ ] 337.50	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. RightSide Compliance</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2018	
Mailing Address PO Box 341027		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4218</b> Amount of Each Disbursement this Period [ ] 22.50	
City Austin	State TX	Zip Code 78734	Category/ Type [ ]
Purpose of Disbursement In-kind - Compliance Services		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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.4219**

Amount of Each Disbursement this Period: 90.00

Memo Item

**B. RightSide Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.4220**

Amount of Each Disbursement this Period: 175.00

Memo Item

**C. RightSide Compliance**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number: C

Transaction ID : **SB21B.4221**

Amount of Each Disbursement this Period: 495.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 760.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

**A. RightSide Compliance**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement  
In-kind - Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.4222  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. The Gober Group**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 341016

City Austin State TX Zip Code 78734

Purpose of Disbursement  
In-kind - Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB21B.4204  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C  
Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4835.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 46
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 87.50	<b>Transaction ID : SD10.4158</b>	
Amount Incurred This Period 0.00	Payment This Period 87.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 280.00	<b>Transaction ID : SD10.4162</b>	
Amount Incurred This Period 0.00	Payment This Period 280.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 52.50	<b>Transaction ID : SD10.4161</b>	
Amount Incurred This Period 0.00	Payment This Period 52.50	Outstanding Balance at Close of This Period 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4158

This debt is resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4162

This debt is resolved through an inkind contribution.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4161

This debt is resolved through an inkind contribution.

Form/Schedule:

Transaction ID:



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 46
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="297.50"/>	<b>Transaction ID : SD10.4164</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="297.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="315.00"/>	<b>Transaction ID : SD10.4166</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="315.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="140.00"/>	<b>Transaction ID : SD10.4168</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="140.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4164

This debt is resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4166

This debt is resolved through an inkind contribution.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4168

This debt is resolved through an inkind contribution.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 46
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="35.00"/>	<b>Transaction ID : SD10.4169</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="35.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="350.00"/>	<b>Transaction ID : SD10.4171</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="350.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="112.50"/>	<b>Transaction ID : SD10.4172</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="112.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4169

This debt is resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4171

This debt is resolved through an inkind contribution.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4172

This debt is resolved through an inkind contribution.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 46
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 45.00	Transaction ID : SD10.4174	
Amount Incurred This Period 0.00	Payment This Period 45.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 337.50	Transaction ID : SD10.4175	
Amount Incurred This Period 0.00	Payment This Period 337.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 22.50	Transaction ID : SD10.4176	
Amount Incurred This Period 0.00	Payment This Period 22.50	Outstanding Balance at Close of This Period 0.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4174

This debt is resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4175

This debt is resolved through an inkind contribution.



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4176

This debt is resolved through an inkind contribution.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 46
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 90.00	<b>Transaction ID : SD10.4178</b>	
Amount Incurred This Period 0.00	Payment This Period 90.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 175.00	<b>Transaction ID : SD10.4179</b>	
Amount Incurred This Period 0.00	Payment This Period 175.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4182</b>	
Amount Incurred This Period 495.00	Payment This Period 495.00	Outstanding Balance at Close of This Period 0.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4178

This debt is resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4179

This debt is resolved through an inkind contribution.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4182

This debt is resolved through an inkind contribution.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 46
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**IOWA PRIORITIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4183</b>	
Amount Incurred This Period 2000.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Gober Group</b>			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4184</b>	
Amount Incurred This Period 500.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	500.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4183

This debt is partially resolved through an inkind contribution.

Form/Schedule: SD10

Transaction ID: SD10.4184

This debt is resolved through an inkind contribution.