

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 15 JUN 19 PM 2:29 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 JACOBS FOR IOWA INC.

ADDRESS (number and street) 7755 OFFICE PLAZA DR N SUITE 165 WEST DES MOINES IA 50266

2. FEC IDENTIFICATION NUMBER C00552406 3. IS THIS REPORT NEW (N) OR AMENDED (A) IA 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/04 / DD/01 / YYYY/2015 through MM/06 / DD/10 / YYYY/2015

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

Type or Print Name of Treasurer AL KADUCE Signature of Treasurer [Signature] Date MM/06 / DD/10 / YYYY/2015

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

Table with 7 columns and 1 row labeled 'Office Use Only'.

FEC FORM 3 (Revised 02/2003)

15020174499

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JACOBS FOR IOWA INC.

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	0.00	0.00
(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)) ...	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	603.14	2014.71
(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)) ...	603.14	2014.71
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

For further information contact:

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

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

15020174500

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 35

Write or Type Committee Name
JACOBS FOR IOWA INC.

Report Covering the Period: From:

M	M
04	

 /

D	D
01	

 /

Y	Y	Y	Y
2015			

 To:

M	M
06	

 /

D	D
10	

 /

Y	Y	Y	Y
2015			

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals .	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
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)...	0.00	0.00

15020174501

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	603.14	2014.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	2136.62	2136.62
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	2136.62	2136.62
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2739.76	4151.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2739.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	2739.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2739.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

15020174502

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3T
Transaction ID :

Please note that effective 6/10/2015, the candidate has forgiven all remaining debts owed to him by the campaign. A letter memorializing this understanding has been filed with the Secretary of the Senate under a separate letter.

Form/Schedule:
Transaction ID:

15020174503

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
JACOBS FOR IOWA INC.

Full Name (Last, First, Middle Initial) A. Koch & Hoos, LLC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address 901 N Washington St, Suite 700		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4128
City Alexandria	State VA	
Purpose of Disbursement Accounting/Compliance Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional)	600.00
TOTAL This Period (last page this line number only)	600.00

15020174504

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 35	
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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)
JACOBS FOR IOWA INC.

Full Name (Last, First, Middle Initial) A. MARK M. JACOBS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015	
Mailing Address 4131 PLUMWOOD DRIVE		Amount of Each Disbursement this Period 2136.62 Transaction ID : SB19A.4132	
City WEST DES MOINES	State IA		
Purpose of Disbursement Loan Repayment		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IA	District: 00		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	2136.62
TOTAL This Period (last page this line number only)	2136.62

15020174505

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4102**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary
 General
 Other (specify) ▼

Mailing Address
4131 PLUMWOOD DRIVE

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan 200000.00	Cumulative Payment To Date 2136.62	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred: M 12 / D 12 / Y 2013
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)... ▶ [] 0.00
TOTALS This Period (last page in this line only) .. ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174506

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4102

(Current loan amount of 197863.38 from a balance of 197863.38 has been forgiven)

Form/Schedule:

Transaction ID:

15020174507

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACOBS FOR IOWA INC.** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK M. JACOBS** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 4131 PLUMWOOD DRIVE

City State ZIP Code
 WEST DES MOINES IA 50266

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 300000.00 0.00 0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 01 / 24 / 2014 M M / D D / None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)... 0.00

TOTALS This Period (last page in this line only).. []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174508

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4104

(Current loan amount of 300000.00 from a balance of 300000.00 has been forgiven)

Form/Schedule:
Transaction ID:

15020174509

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial)

MARK M. JACOBS

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

4131 PLUMWOOD DRIVE

City

WEST DES MOINES

State

IA

ZIP Code

50266

Original Amount of Loan

375000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 02 / D 06 / Y 2014

Date Due

M M / D D / Y None Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174510

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4105

(Current loan amount of 375000.00 from a balance of 375000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174511

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACOBS FOR IOWA INC.** Transaction ID : **SC/10.4107**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK M. JACOBS** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
4131 PLUMWOOD DRIVE

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan **325000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **0.00**

TERMS Date Incurred **03/2014** Date Due **None** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)... **0.00**
TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174512

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID: SC/10.4107

(Current loan amount of 325000.00 from a balance of 325000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174513

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4108**

LOAN SOURCE Full Name (Last, First, Middle Initial)

MARK M. JACOBS

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

4131 PLUMWOOD DRIVE

City

State

ZIP Code

WEST DES MOINES

IA

50266

Original Amount of Loan

125000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 03 / D 14 / Y 2014

Date Due

M M / D D / Y None Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174514

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4108

(Current loan amount of 125000.00 from a balance of 125000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174515

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4109**

LOAN SOURCE Full Name (Last, First, Middle Initial)

MARK M. JACOBS

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

4131 PLUMWOOD DRIVE

City

WEST DES MOINES

State

IA

ZIP Code

50266

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 04 / D 07 / Y 2014

Date Due

M M / D D / Y None

Interest Rate

0.00

% (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174516

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4109

(Current loan amount of 400000.00 from a balance of 400000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174517

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary
 General
 Other (specify) ▼

Mailing Address

4131 PLUMWOOD DRIVE

City

State

ZIP Code

WEST DES MOINES

IA

50266

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 / D 21 / Y 2014

M M / D D / Y None

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174518

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4110

(Current loan amount of 400000.00 from a balance of 400000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174519

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : SC/10.4111

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary

Mailing Address
4131 PLUMWOOD DRIVE

General

Other (specify) ▼

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 05 / D 09 / Y 2014
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)...

[] 0.00

TOTALS This Period (last page in this line only) ..

[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174520

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10
Transaction ID : SC/10.4111

(Current loan amount of 300000.00 from a balance of 300000.00 has been forgiven)

Form/Schedule:
Transaction ID:

15020174521

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACOBS FOR IOWA INC.** Transaction ID : **SC/10.4112**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK M. JACOBS** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
4131 PLUMWOOD DRIVE

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 400000.00 0.00 0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 05 / D 16 / Y 2014 M M / D D / Y None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)... ▶ 0.00
TOTALS This Period (last page in this line only).. ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174522

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4112

(Current loan amount of 400000.00 from a balance of 400000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174523

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACOBS FOR IOWA INC.** Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK M. JACOBS** [PERSONAL FUNDS]

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
4131 PLUMWOOD DRIVE

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 200000.00 0.00 0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 05 / D 23 / Y 2014 M M / D D / Y None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)... ▶ 0.00

TOTALS This Period (last page in this line only)... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174524

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4113

(Current loan amount of 200000.00 from a balance of 200000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174525

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4114**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary

Mailing Address
4131 PLUMWOOD DRIVE

General

Other (specify) ▼

City State ZIP Code
WEST DES MOINES IA 50266

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 05 / D 29 / Y 2014
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)...

[] 0.00

TOTALS This Period (last page in this line only) ..

[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174526

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4114

(Current loan amount of 100000.00 from a balance of 100000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174527

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4115**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary

Mailing Address

4131 PLUMWOOD DRIVE

General

Other (specify) ▼

City

State

ZIP Code

WEST DES MOINES

IA

50266

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 / 06 / 2014

06 / 06 / 2014

2014

None

None

None

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174528

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4115

(Current loan amount of 500000.00 from a balance of 500000.00 has been forgiven)

Form/Schedule:
Transaction ID:

15020174529

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4116**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary
 General
 Other (specify) ▼

Mailing Address

4131 PLUMWOOD DRIVE

City

State

ZIP Code

WEST DES MOINES

IA

50266

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

22000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 / D 03 / Y 2014

M M / D D / Y None

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174530

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID: SC/10.4116

(Current loan amount of 22000.00 from a balance of 22000.00 has been forgiven)

Form/Schedule:

Transaction ID:

15020174531

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA INC.

Transaction ID : **SC/10.4117**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARK M. JACOBS

Primary

Mailing Address

4131 PLUMWOOD DRIVE

General

Other (specify) ▼

City

State

ZIP Code

WEST DES MOINES

IA

50266

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 08 M

D 14 D

Y 2014 Y

M M

D D

None

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

TOTALS This Period (last page in this line only) ...

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020174532

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4117

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Form/Schedule:
Transaction ID:

15020174533

FedEx

Express

FedEx US Airbill

FedEx
TRK# 8703 0732 0137

XC YKNA

Generated by 320510
Senate Post Office

WED - 17 JUN AA
STANDARD OVERNIGHT

DC-US
IAD

FID 5841926 16JUN15 DSM 522C1/840E/EE88

8703 0732 0137

and packed securely. For facility refer to the applicable

From This information has been prepared for Recipient's records:
Date _____ FedEx Tracking Number **870307320137**

Sender Name _____ Phone _____
Company _____
Address _____
City _____ State _____ ZIP _____

3 To _____
2 Your Internal Billing Reference _____
1 Recipient's Name _____ Phone _____
Company _____
Address _____
City _____ State _____ ZIP _____

000.463.3339

10 96



U.S. SENATE
TRACKING NUMBER

13-049556

HOLD Weekday
 HOLD Saturday

Dep./Floor/Store/Room _____
State _____ ZIP _____



8703 0732 0137

4a Express Package Service

Next business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM
 Second business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM

4b Express Freight Service

Next business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM
 Next business day, 9:00 AM - 5:00 PM

6 Special Handling and Delivery Signature Options

No Signature Required
 Direct Signature
 Indirect Signature
 Signature Required
 Signature Required

7 Payment Bill to:

Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

553

75517102051

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	6/16/15	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

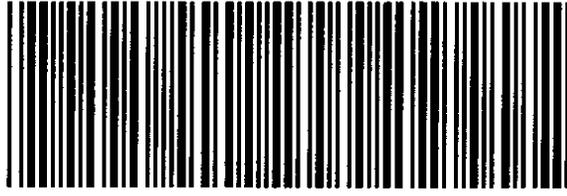
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

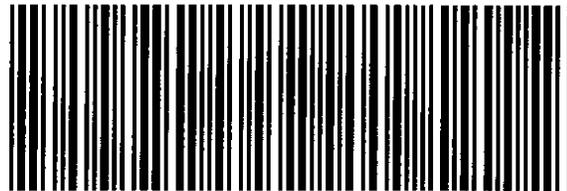
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **6/19/15**

15020174535



SEN PATCH



SEN PATCH

15020174536