



**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name  
**lowans for Sam Clovis**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 70835.60                | 161968.82                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 70835.60                | 161968.82                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 85395.62                | 138012.79                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 85395.62                | 138012.79                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 24010.64                |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 10978.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name  
**Iowans for Sam Clovis**

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2013 To: MM / DD / YYYY 12 / 31 / 2013

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  | 50198.53                      | 109155.27                          |
| (i) Itemized (use Schedule A).....   | 20637.07                      | 49013.55                           |
| (ii) Unitemized.....   | 70835.60                      | 158168.82                          |
| (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                          | 3800.00                            |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                   | 70835.60                      | 161968.82                          |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                          | 0.00                               |
| <b>13. LOANS:</b>  |                               |                                    |
| (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                               |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                              | 0.00                          | 0.00                               |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 0.00                          | 1426.24                            |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b> | 70835.60                      | 163395.06                          |

14020013517

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 85395.62                      | 138012.79                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 1371.63                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 85395.62                      | 139384.42                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 38570.66  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 70835.60  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 109406.26 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 85395.62  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 24010.64  |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 5 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>CLINTON BAISDEN</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 04 / 2013 |
| Mailing Address 11 ARNOLD PALMER  |  | Transaction ID : SA11.605                           |
| City<br>SAN ANTONIO   | State<br>TX  | Zip Code<br>78257-1722                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>PHYSICIAN                                      |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT BARB</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 09 / 2013 |
| Mailing Address 24209 CHALET LN.  |  | Transaction ID : SA11.730                           |
| City<br>WARSAW  | State<br>MO  | Zip Code<br>65355-6364                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |   |
| Name of Employer<br>PILOT   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>RONALD BELLER</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 22 / 2013 |
| Mailing Address 4348 CENTRAL AVE.   |  | Transaction ID : SA11.669                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51108-1317                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>325.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                               |                              |
|---|-------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 98 |                              |
|   | (check only one)              |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b  | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a  | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15   |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>RONALD BELLER</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 15 / 2013 |
| Mailing Address <b>4348 CENTRAL AVE.</b>  |   | Transaction ID : <b>SA11.746</b>                    |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>  | Zip Code<br><b>51108-1317</b>                       |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>325.00</b>                             |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>MICHAEL BENNETT</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 24 / 2013 |
| Mailing Address <b>968 WYNSTONE DR.</b>   |   | Transaction ID : <b>SA11.680</b>                    |
| City<br><b>JEFFERSON</b>  | State<br><b>SD</b>  | Zip Code<br><b>57038-6868</b>                       |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>                             |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>MICHAEL BIUNDO</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| Mailing Address <b>33 COUNTRY WALK DR.</b>  |   | Transaction ID : <b>SA11.1100</b>                   |
| City<br><b>MANCHESTER</b>   | State<br><b>NH</b>  | Zip Code<br><b>03109-5131</b>                       |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |   |
| Name of Employer<br><b>RIGHTON STRATEGIES</b>   | Occupation<br><b>POLITICAL CONSULTANT</b>                           |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>750.00</b>                             | <b>FUNDRAISING EXPENSE</b>                          |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013520

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>TIMOTHY BLUM</b> |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2013   |
| Mailing Address <b>22340 BLUEBIRD AVE.</b>                     |  | Transaction ID : <b>SA11.604</b>  |
| City<br><b>WESTFIELD</b>                                       | State<br><b>IA</b>   |   |
| Zip Code<br><b>51062-8662</b>                                  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION   |
| Name of Employer<br><b>RETIRED</b>                             | Occupation<br><b>POLICE OFFICER</b>                                    | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Election Cycle-to-Date<br><b>250.00</b>                        |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>LEANN BOHLKEN</b> |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 15 / 2013   |
| Mailing Address <b>40 8TH ST. SW</b>                            |  | Transaction ID : <b>SA11.744</b>  |
| City<br><b>LE MARS</b>  | State<br><b>IA</b>   |   |
| Zip Code<br><b>51031-2329</b>                                   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION   |
| Name of Employer<br><b>L&amp;M SAND &amp; GRAVEL</b>            | Occupation<br><b>CLERICAL/HOUSEKEEPING</b>                             | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Election Cycle-to-Date<br><b>595.00</b>                         |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>LEANN BOHLKEN</b> |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013   |
| Mailing Address <b>40 8TH ST. SW</b>                            |  | Transaction ID : <b>SA11.929</b>  |
| City<br><b>LE MARS</b>  | State<br><b>IA</b>   |   |
| Zip Code<br><b>51031-2329</b>                                   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>50.00</b><br>CONTRIBUTION  |
| Name of Employer<br><b>L&amp;M SAND &amp; GRAVEL</b>            | Occupation<br><b>CLERICAL/HOUSEKEEPING</b>                             | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Election Cycle-to-Date<br><b>595.00</b>                         |  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013521

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

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

FOR LINE NUMBER: PAGE 8 OF 98  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**IOWANS FOR SAM CLOVIS**

**A.** Full Name (Last, First, Middle Initial)  
**LEANN BOHLKEN**

Mailing Address **40 8TH ST. SW**

City **LE MARS** State **IA** Zip Code **51031-2329**

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

Name of Employer **L&M SAND & GRAVEL** Occupation **CLERICAL/HOUSEKEEPING**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **595.00**

Date of Receipt **12 / 20 / 2013**  
Transaction ID : **SA11.930**

Amount of Each Receipt this Period  
**200.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TOM BORCHERT**

Mailing Address **4712 GRAYHAWK RIDGE DR.**

City **SIoux CITY** State **IA** Zip Code **51106-9721**

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

Name of Employer **SELF EMPLOYED** Occupation **FINANCIAL CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **12 / 20 / 2013**  
Transaction ID : **SA11.931**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PERRY BOURNE**

Mailing Address **4909 SINGING HILLS BLVD.**

City **SIoux CITY** State **IA** Zip Code **51106-9783**

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

Name of Employer **TYSON FOODS** Occupation **SENIOR EXECUTIVE**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **12 / 25 / 2013**  
Transaction ID : **SA11.1006**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**

**TOTAL** This Period (last page this line number only)..... **400.00**

14020013522



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

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

FOR LINE NUMBER: PAGE 9 OF 98  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**PERRY BOURNE**

Mailing Address **4909 SINGING HILLS BLVD.**

City **SIoux CITY** State **IA** Zip Code **51106-9783**

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

Name of Employer **TYSON FOODS** Occupation **SENIOR EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **12 / 29 / 2013**  
Transaction ID : **SA11.1025**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PERRY BOURNE**

Mailing Address **4909 SINGING HILLS BLVD.**

City **SIoux CITY** State **IA** Zip Code **51106-9783**

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

Name of Employer **TYSON FOODS** Occupation **SENIOR EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **10 / 21 / 2013**  
Transaction ID : **SA11.661**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RANDY L. BOYLE**

Mailing Address **3212 4TH AVE. PLACE**

City **SIoux CITY** State **IA** Zip Code **51106-2378**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 29 / 2013**  
Transaction ID : **SA11.1019**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... **450.00**

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

14020013523

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

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

FOR LINE NUMBER: PAGE 10 OF 98  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**STAN BOYLE**

Mailing Address **950 SPY GLASS CIRCLE**

City **DAKOTA DUNES** State **SD** Zip Code **57049-5101**

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

Name of Employer **RETIRED** Occupation **USAF**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 07 / 2013**

Transaction ID : **SA11.728**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM BRADBURY**

Mailing Address **4159 SHERWOOD TER.**

City **SIOUX CITY** State **IA** Zip Code **51106-4045**

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

Name of Employer **UNKNOWN** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 15 / 2013**

Transaction ID : **SA11.749**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAUL BRAUCH**

Mailing Address **P.O. BOX 722**

City **LE MARS** State **IA** Zip Code **51031-0722**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
**11 / 12 / 2013**

Transaction ID : **SA11.732**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**850.00**

14020013524

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

|   |   |                                     |                                     |                                    |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                     | PAGE 11 OF 98                       |                                    |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>PAUL BRAUCH</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013 |
| Mailing Address P.O. BOX 722  |  | Transaction ID : SA11.900                           |
| City<br>LE MARS   | State<br>IA  | Zip Code<br>51031-0722                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>CHARLES BROMANDER</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 29 / 2013 |
| Mailing Address 3116 325TH ST.  |  | Transaction ID : SA11.1036                          |
| City<br>SMITHLAND   | State<br>IA  | Zip Code<br>51056-8003                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>JOHN MORRELL  | Occupation<br>FARMER   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00                             |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>CHARLES BROMANDER</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |
| Mailing Address 3116 325TH ST.  |   | Transaction ID : SA11.834                           |
| City<br>SMITHLAND   | State<br>IA   | Zip Code<br>51056-8003                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |   |
| Name of Employer<br>JOHN MORRELL  | Occupation<br>FARMER  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00                            |   |

|  |        |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....           | 350.00 |
| TOTAL This Period (last page this line number only)..... |        |

14020013525

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 12 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

**A.**

Full Name (Last, First, Middle Initial)  
**RICHARD V. BROWN**

Mailing Address **2708 1ST ST.**

City **SIOUX CITY** State **IA** Zip Code **51105-3601**

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

Name of Employer **BLOOD BANK** Occupation **PART TIME**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt: **12 / 11 / 2013**

Transaction ID : **SA11.881**

Amount of Each Receipt this Period  
**150.00**  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**RICHARD V. BROWN**

Mailing Address **2708 1ST ST.**

City **SIOUX CITY** State **IA** Zip Code **51105-3601**

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

Name of Employer **BLOOD BANK** Occupation **PART TIME**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt: **12 / 20 / 2013**

Transaction ID : **SA11.932**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**KEN CARLSON**

Mailing Address **17802 190TH ST.**

City **ONAWA** State **IA** Zip Code **51040-8632**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt: **11 / 29 / 2013**

Transaction ID : **SA11.842**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**

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

14020013526

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 13 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>TOM CARROLL</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 25 / 2013</b> |
| Mailing Address <b>6 DEER HAVEN DR.</b>   |   | Transaction ID : <b>SA11.699</b>                           |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>51104-1454</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b> |  |
| Name of Employer<br><b>PATHOLOGY ASSOCIATES OF SIOUXLAND</b>  | Occupation<br><b>PHYSICIAN</b>                      | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b>             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>RONALD CASSANO</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 06 / 2013</b> |
| Mailing Address <b>1036 COX AVE.</b>  |   | Transaction ID : <b>SA11.726</b>                           |
| City<br><b>WASHINGTON CROSSING</b>  | State<br><b>PA</b>                                  | Zip Code<br><b>18977-1418</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |  |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>PILOT</b>                          | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>SONDRA CHILDS-SMITH</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 22 / 2013</b> |
| Mailing Address <b>20433 570TH AVE.</b>   |   | Transaction ID : <b>SA11.962</b>                           |
| City<br><b>AMES</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>50010-9413</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>650.00</b> |  |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMING</b>                        | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>766.53</b>             |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013527

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

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 14 OF 98                |                             |
|   | (check only one)             |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>SONDRA CHILDS-SMITH</b>   |   | Date of Receipt<br>12 / 22 / 2013 |
| Mailing Address 20433 570TH AVE.  |   | Transaction ID : SA11.963         |
| City<br><b>AMES</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>50010-9413</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>116.53</b> |                                   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMING</b>                        | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>766.53</b>             |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>MICHAEL CLAYTON</b>   |   | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 512 TALBOT ST. P.O. BOX 101<br>P.O. BOX 101   |   | Transaction ID : SA11.933         |
| City<br><b>SALIX</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51052-0101</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |                                   |
| Name of Employer<br><b>WOODBURY COUNTY</b>  | Occupation<br><b>COUNTY TREASURER &amp; RETIRED</b> | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>485.00</b>             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>JIM CROSS</b>   |  | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 1371 GRUNDY AVE.  |  | Transaction ID : SA11.934         |
| City<br><b>MOVILLE</b>  | State<br><b>IA</b>                                 | Zip Code<br><b>51039-8213</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>15.00</b> |                                   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>                       | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>365.00</b>            |                                   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>231.53</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013528

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|   | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>JIM CROSS</b>   |   | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 1371 GRUNDY AVE.  |   | Transaction ID : SA11.935         |
| City<br><b>MOVILLE</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51039-8213</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |                                   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>                        | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>365.00</b>             |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>MARK CROWL</b>  |   | Date of Receipt<br>11 / 21 / 2013 |
| Mailing Address 2245 COUNTY ROAD D25  |   | Transaction ID : SA11.766         |
| City<br><b>HORNICK</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51026-8088</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b> |                                   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>                         | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1100.00</b>            |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>MARK CROWL</b>  |   | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 2245 COUNTY ROAD D25  |   | Transaction ID : SA11.898         |
| City<br><b>HORNICK</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51026-8088</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b> |                                   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>                         | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1100.00</b>            |                                   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013529

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 16 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>MARK CROWL</b>  |   | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 2245 COUNTY ROAD D25  |   | Transaction ID : SA11.904         |
| City<br><b>HORNICK</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51026-8088</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |                                   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>                         | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1100.00</b>            |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TONY CUSHENBERRY</b>  |   | Date of Receipt<br>12 / 30 / 2013 |
| Mailing Address 1630 KIRKLAND RD.   |   | Transaction ID : SA11.1039        |
| City<br><b>WATKINSVILLE</b>   | State<br><b>GA</b>                                  | Zip Code<br><b>30677-3159</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |                                   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>                        | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>KENNETH W. DAVIS JR.</b>  |  | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address PO BOX 999  |  | Transaction ID : SA11.1098        |
| City<br><b>FORT WORTH</b>   | State<br><b>TX</b>                                   | Zip Code<br><b>76101-0999</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>2600.00</b> |                                   |
| Name of Employer<br><b>KENDAVIS FINANCE COMPANY</b>   | Occupation<br><b>CHAIRMAN</b>                        | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>2600.00</b>             |                                   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>2800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013530



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 17 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>DOUGLAS DELZELL</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 25 / 2013 |
| Mailing Address 2550 S. CYPRESS ST.   |   | Transaction ID : SA11.1000                          |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-3745                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED                                       |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DOUGLAS DELZELL</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 12 / 2013 |
| Mailing Address 2550 S. CYPRESS ST.   |  | Transaction ID : SA11.627                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-3745                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DOUGLAS DELZELL</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 29 / 2013 |
| Mailing Address 2550 S. CYPRESS ST.   |  | Transaction ID : SA11.837                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-3745                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013531

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

|   |                                |                              |
|---|--------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 OF 98 |                              |
|   | (check only one)               |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b   | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a   | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15    |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>LARRY DEROCHE</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 31 / 2013</b> |
| Mailing Address <b>1417 2ND ST</b>  |   | <b>Transaction ID : SA11.1053</b>                          |
| City<br><b>ONAWA</b>  | State<br><b>IA</b>                                  | Zip Code<br><b>51040-1959</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |  |
| Name of Employer<br><b>WEST MONONA</b>  | Occupation<br><b>HS TEACHER</b>                     | <b>CONTRIBUTION</b>  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>375.00</b>             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>LARRY DEROCHE</b>   |  | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 10 / 2013</b> |
| Mailing Address <b>1417 2ND ST</b>  |  | <b>Transaction ID : SA11.621</b>                           |
| City<br><b>ONAWA</b>  | State<br><b>IA</b>                                 | Zip Code<br><b>51040-1959</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>50.00</b> |  |
| Name of Employer<br><b>WEST MONONA</b>  | Occupation<br><b>HS TEACHER</b>                    | <b>CONTRIBUTION</b>  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>375.00</b>            |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>LARRY DEROCHE</b>   |  | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 17 / 2013</b> |
| Mailing Address <b>1417 2ND ST</b>  |  | <b>Transaction ID : SA11.645</b>                           |
| City<br><b>ONAWA</b>  | State<br><b>IA</b>                                 | Zip Code<br><b>51040-1959</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>25.00</b> |  |
| Name of Employer<br><b>WEST MONONA</b>  | Occupation<br><b>HS TEACHER</b>                    | <b>CONTRIBUTION</b>  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>375.00</b>            |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>175.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013532

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 19 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY DEROCHER**

Mailing Address **1417 2ND ST**

City **ONAWA** State **IA** Zip Code **51040-1959**

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

Name of Employer **WEST MONONA** Occupation **HS TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt **11 / 21 / 2013**

Transaction ID : **SA11.771**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVE DEROCHER**

Mailing Address **31884 HWY 3**

City **LE MARS** State **IA** Zip Code **51031-9237**

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

Name of Employer **SMAK INC.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 17 / 2013**

Transaction ID : **SA11.888**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVE DEROCHER**

Mailing Address **31884 HWY 3**

City **LE MARS** State **IA** Zip Code **51031-9237**

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

Name of Employer **SMAK INC.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 25 / 2013**

Transaction ID : **SA11.998**

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

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

14020013533

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 20 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BILL DEWALT</b>   |   | Date of Receipt<br>12 / 13 / 2013 |
| Mailing Address <b>3416 CHATEAU AVE.</b>  |   | Transaction ID : <b>SA11.886</b>  |
| City<br><b>WACO</b>   | State<br><b>TX</b>                                  | Zip Code<br><b>76710-7210</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |                                   |
| Name of Employer<br><b>DELTA/BOING</b>  | Occupation<br><b>FLIGHT INSTRUCTOR</b>              | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>             |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>LLOYD DIEDE</b>   |   | Date of Receipt<br>12 / 05 / 2013 |
| Mailing Address <b>33996 JADE AVE.</b>  |   | Transaction ID : <b>SA11.870</b>  |
| City<br><b>HINTON</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>51024-8969</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>200.00</b> |                                   |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>                         | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>700.00</b>             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BILL FARRELL</b>  |  | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address <b>3621 PIERCE PL.</b>  |  | Transaction ID : <b>SA11.1081</b> |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                                 | Zip Code<br><b>51104-2033</b>     |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>25.00</b> |                                   |
| Name of Employer<br><b>CITY OF SIOUX CITY</b>   | Occupation<br><b>LABORER</b>                       | CONTRIBUTION                      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>345.00</b>            |                                   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>475.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013534

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 21 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BILL FARRELL</b>  |  | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 3621 PIERCE PL.   |  | Transaction ID : SA11.907         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51104-2033            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>CITY OF SIOUX CITY  | Occupation<br>LABORER  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>345.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>LARRY FOSTER</b>  |  | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address 10 TIMBER LANE  |  | Transaction ID : SA11.1067        |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51108-9500            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>450.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>FRED FRAVEL</b>   |  | Date of Receipt<br>12 / 25 / 2013 |
| Mailing Address 17073 C 60  |  | Transaction ID : SA11.983         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51109-                |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00                             |                                   |

|  |        |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....           | 450.00 |
| TOTAL This Period (last page this line number only)..... |        |

14020013535

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 22 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>DENNIS FREEMAN</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 29 / 2013 |
| Mailing Address 2749 CLEVELAND DR.  |   | Transaction ID : SA11.840                           |
| City<br>AMES  | State<br>IA   | Zip Code<br>50010-4407                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>INSURANCE AGENT                               |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00                            |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>DENNIS FREEMAN</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 25 / 2013 |
| Mailing Address 2749 CLEVELAND DR.  |   | Transaction ID : SA11.980                           |
| City<br>AMES  | State<br>IA   | Zip Code<br>50010-4407                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>25.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>INSURANCE AGENT                               |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DENNIS GALLAGHER</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013 |
| Mailing Address 2663 298TH ST.  |  | Transaction ID : SA11.908                           |
| City<br>HORNICK   | State<br>IA  | Zip Code<br>51026-8041                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF  | Occupation<br>FARMER   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>210.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 175.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013536

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

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 23 OF 98                |                             |
|   | (check only one)             |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS GALLAGHER**

Mailing Address **2663 298TH ST.**

|   |   |                               |
|---|---|-------------------------------|
| City<br><b>HORNICK</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51026-8041</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                               |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>             |                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>210.00</b> |                               |

Date of Receipt  
**12 / 20 / 2013**

Transaction ID : **SA11.909**

Amount of Each Receipt this Period  
**110.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD GARBE**

Mailing Address **1318 S. IRENE ST.**

|   |   |                               |
|---|---|-------------------------------|
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51106-1535</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                               |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>            |                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>350.00</b> |                               |

Date of Receipt  
**12 / 29 / 2013**

Transaction ID : **SA11.1022**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD GARBE**

Mailing Address **1318 S. IRENE ST.**

|   |   |                               |
|---|---|-------------------------------|
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51106-1535</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                               |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>            |                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>350.00</b> |                               |

Date of Receipt  
**10 / 09 / 2013**

Transaction ID : **SA11.618**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>260.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013537

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 98                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>RICHARD GARBE</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 24 / 2013</b> |
| Mailing Address <b>1318 S. IRENE ST.</b>  |   | Transaction ID : <b>SA11.685</b>                           |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51106-1535</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>100.00</b>        |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>            | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>350.00</b> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>MARK GARDNER</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 25 / 2013</b> |
| Mailing Address <b>20257 490TH ST.</b>  |   | Transaction ID : <b>SA11.695</b>                           |
| City<br><b>OAKLAND</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51560-4559</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>100.00</b>        |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>300.00</b> |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>MARK GARDNER</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |
| Mailing Address <b>20257 490TH ST.</b>  |   | Transaction ID : <b>SA11.828</b>                           |
| City<br><b>OAKLAND</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51560-4559</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>100.00</b>        |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>300.00</b> |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013538



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 25 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|   | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**MARK GARDNER**

Mailing Address **20257 490TH ST.**

|                        |                    |                               |
|------------------------|--------------------|-------------------------------|
| City<br><b>OAKLAND</b> | State<br><b>IA</b> | Zip Code<br><b>51560-4559</b> |
|------------------------|--------------------|-------------------------------|

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

|  |                             |
|--|-----------------------------|
| Name of Employer<br><b>SELF EMPLOYED</b> | Occupation<br><b>FARMER</b> |
|--|-----------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

|    |    |      |
|----|----|------|
| 12 | 25 | 2013 |
|----|----|------|

**Transaction ID : SA11.972**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HARRY C. GILBERT**

Mailing Address **P.O. BOX 245**

|                        |                    |                               |
|------------------------|--------------------|-------------------------------|
| City<br><b>DANBURY</b> | State<br><b>IA</b> | Zip Code<br><b>51019-0245</b> |
|------------------------|--------------------|-------------------------------|

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

|                                    |                                  |
|------------------------------------|----------------------------------|
| Name of Employer<br><b>UNKNOWN</b> | Occupation<br><b>LANDSCAPING</b> |
|------------------------------------|----------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  

|    |    |      |
|----|----|------|
| 12 | 20 | 2013 |
|----|----|------|

**Transaction ID : SA11.910**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES GILBERT**

Mailing Address **3319 JENNINGS ST.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIOUX CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51104-1948</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

|    |    |      |
|----|----|------|
| 11 | 27 | 2013 |
|----|----|------|

**Transaction ID : SA11.806**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013539

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>PAUL GORSKI</b>   |                              | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 21 / 2013</b>          |
| Mailing Address <b>3132 S. OLEANDER ST.</b>   |                              | Transaction ID : <b>SA11.660</b>                                    |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>           |   |
| Zip Code<br><b>51106-4226</b>   |                              | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                              |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b> | Election Cycle-to-Date<br><b>250.00</b>                             |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                              |   |

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>GREG GRUPP</b>  |                              | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 21 / 2013</b>          |
| Mailing Address <b>4406 CHEYENNE BLVD.</b>  |                              | Transaction ID : <b>SA11.767</b>                                    |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>           |   |
| Zip Code<br><b>51104-4344</b>   |                              | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                              |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b> | Election Cycle-to-Date<br><b>250.00</b>                             |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                              |   |

|   |                              |   |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>SHELDON HAMANN</b>  |                              | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 20 / 2013</b>          |
| Mailing Address <b>2316 LENOX AVE.</b>  |                              | Transaction ID : <b>SA11.911</b>                                    |
| City<br><b>ANTHON</b>   | State<br><b>IA</b>           |   |
| Zip Code<br><b>51004-8122</b>   |                              | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                              |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b> | Election Cycle-to-Date<br><b>1100.00</b>                            |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                              |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013540

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 27 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN HAMBURGER**

Mailing Address **4100 WEST ST.**

City **SIoux CITY** State **IA** Zip Code **51108-9526**

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

Name of Employer **SIouxLAND WOMEN'S HEALTH CARE, P.C.** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 22 / 2013**

Transaction ID : **SA11.665**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEBORAH HANSON**

Mailing Address **2829 MULBERRY CT.**

City **SIoux CITY** State **IA** Zip Code **51106-3408**

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

Name of Employer **STATE OF IOWA** Occupation **VOCATIONAL REHAB COUNSELOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 15 / 2013**

Transaction ID : **SA11.637**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN HANSON**

Mailing Address **4444 DODGE CT.**

City **CLEAR LAKE** State **IA** Zip Code **50428-8776**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **10 / 04 / 2013**

Transaction ID : **SA11.606**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

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

14020013541

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 28 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (in Full)  
**lowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**NATHAN HARRIS**

Mailing Address 15731 K 22

City AKRON State IA Zip Code 51001-

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

Name of Employer SELF EMPLOYED Occupation BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **12 / 07 / 2013**

Transaction ID : SA11.874

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PHYLLIS HAYWORTH**

Mailing Address 30 LASALLE AVE.

City SIOUX CITY State IA Zip Code 51104-2412

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

Name of Employer RETIRED Occupation RETIRED HEALTHCARE & COLLEGE INTRU

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **10 / 24 / 2013**

Transaction ID : SA11.684

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHYLLIS HAYWORTH**

Mailing Address 30 LASALLE AVE.

City SIOUX CITY State IA Zip Code 51104-2412

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

Name of Employer RETIRED Occupation RETIRED HEALTHCARE & COLLEGE INTRU

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 20 / 2013**

Transaction ID : SA11.913

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**

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

14020013542

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 29 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (in Full)  
**lowans for Sam Clovis**

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>THEODORE HERBOLD</b>  |  | Date of Receipt<br>11 / 21 / 2013 |
| Mailing Address 4231 LINCOLN WAY  |  | Transaction ID : SA11.765         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-4009            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1625.00                            |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>THEODORE HERBOLD</b>  |  | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 4231 LINCOLN WAY  |  | Transaction ID : SA11.914         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-4009            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1625.00                            |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>THEODORE HERBOLD</b>  |   | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 4231 LINCOLN WAY  |   | Transaction ID : SA11.915         |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-4009            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1025.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED   |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1625.00                             |                                   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1625.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

14020013543

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 30 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>DAVE HOLUB</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2013 |
| A. Mailing Address 25 WHITETAIL PL<br>APARTMENT #103  |   | Transaction ID : SA11.657                           |
| City<br>DAKOTA DUNES  | State<br>SD   | Zip Code<br>57049-5409                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>75.00<br>CONTRIBUTION |   |
| Name of Employer<br>SECURITY NATIONAL BANK  | Occupation<br>BANKER  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>275.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>JONATHAN HOOGLAND</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| B. Mailing Address 3916 IRONWOOD AVE.   |  | Transaction ID : SA11.1071                          |
| City<br>ORANGE CITY   | State<br>IA  | Zip Code<br>51041-7575                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>FATHER'S FARM   | Occupation<br>FARMER/TRUCK DRIVER                            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>800.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>JONATHAN HOOGLAND</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 19 / 2013 |
| C. Mailing Address 3916 IRONWOOD AVE.   |  | Transaction ID : SA11.897                           |
| City<br>ORANGE CITY   | State<br>IA  | Zip Code<br>51041-7575                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00<br>CONTRIBUTION |   |
| Name of Employer<br>FATHER'S FARM   | Occupation<br>FARMER/TRUCK DRIVER                            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>800.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013544

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

|   |  |  |  |   |
|---|--|--|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 31 OF 98  |  |   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a | <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b | <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**JERRY HOUPT**

Mailing Address **2310 S. NEWTON ST.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIoux CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51106-2855</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt: **10 / 15 / 2013**

Transaction ID : **SA11.640**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JERRY HOUPT**

Mailing Address **2310 S. NEWTON ST.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIoux CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51106-2855</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt: **11 / 27 / 2013**

Transaction ID : **SA11.803**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JERRY HOUPT**

Mailing Address **2310 S. NEWTON ST.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIoux CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51106-2855</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt: **12 / 25 / 2013**

Transaction ID : **SA11.987**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>150.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013545

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

|   |  |  |  |   |
|---|--|--|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 32 OF 98  |  |   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a | <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b | <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>RUSSELL HUFFER</b>  |  | Date of Receipt<br>12 / 25 / 2013 |
| Mailing Address 18299 BEARPATH TRAIL  |  | Transaction ID : SA11.991         |
| City<br>EDEN PRAIRIE  | State<br>MN  | Zip Code<br>55347-3470            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TERRANCE HUGHES</b>   |  | Date of Receipt<br>11 / 21 / 2013 |
| Mailing Address 138 NIMROD ST.  |  | Transaction ID : SA11.764         |
| City<br>SALIX   | State<br>IA  | Zip Code<br>51052-8108            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>USAF 185TH  | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TERRANCE HUGHES</b>   |  | Date of Receipt<br>12 / 25 / 2013 |
| Mailing Address 138 NIMROD ST.  |  | Transaction ID : SA11.992         |
| City<br>SALIX   | State<br>IA  | Zip Code<br>51052-8108            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>USAF 185TH  | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |                                   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

14020013546



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

|   |  |  |  |   |
|---|--|--|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 33 OF 98  |  |   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a | <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b | <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (in Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**DR. SCOTT IHRKE**

Mailing Address **613 3RD AVE. SE**

City **LE MARS** State **IA** Zip Code **51031-2458**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 27 / 2013**

Transaction ID : **SA11.785**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LYNN JARVIS**

Mailing Address **2930 300TH ST**

City **HORNICK** State **IA** Zip Code **51026-8097**

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

Name of Employer **SELF EMPLOYED** Occupation **WOODCRAFTER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **11 / 27 / 2013**

Transaction ID : **SA11.809**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LYNN JARVIS**

Mailing Address **2930 300TH ST**

City **HORNICK** State **IA** Zip Code **51026-8097**

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

Name of Employer **SELF EMPLOYED** Occupation **WOODCRAFTER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **12 / 25 / 2013**

Transaction ID : **SA11.968**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**

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

14020013547

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 34 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>ROGER JAUER</b>   |  | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address 31059 JUNIPER AVE.  |  | Transaction ID : SA11.1082        |
| City<br>HINTON  | State<br>IA  | Zip Code<br>51024-8922            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>FARMER   |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>ROGER JAUER</b>   |  | Date of Receipt<br>10 / 17 / 2013 |
| Mailing Address 31059 JUNIPER AVE.  |  | Transaction ID : SA11.647         |
| City<br>HINTON  | State<br>IA  | Zip Code<br>51024-8922            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>FARMER   |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00                             |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT JENSEN</b>   |  | Date of Receipt<br>10 / 24 / 2013 |
| Mailing Address 1 SOUTH HIDDEN ACRES  |  | Transaction ID : SA11.686         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51108-8640            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>JENSEN MOTORS   | Occupation<br>OWNER  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |                                   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013548

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 35 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN JEWETT</b>   |   | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address P.O. BOX 338  |   | Transaction ID : SA11.1074        |
| City<br>SLOAN   | State<br>IA   | Zip Code<br>51055-0338            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>75.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>SELF EMPLOYED                                 |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>450.00                            |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN JEWETT</b>   |   | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address P.O. BOX 338  |   | Transaction ID : SA11.1075        |
| City<br>SLOAN   | State<br>IA   | Zip Code<br>51055-0338            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>75.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>SELF EMPLOYED                                 |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>450.00                            |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN JEWETT</b>   |  | Date of Receipt<br>12 / 31 / 2013 |
| Mailing Address P.O. BOX 338  |  | Transaction ID : SA11.1076        |
| City<br>SLOAN   | State<br>IA  | Zip Code<br>51055-0338            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>SELF EMPLOYED                                  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>450.00                             |                                   |

|  |        |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....           | 350.00 |
| TOTAL This Period (last page this line number only)..... |        |

14020013549

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 36 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>DENNIS JOHNSON</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |
| Mailing Address <b>1864 CONTANCE DR.</b>  |   | Transaction ID : <b>SA11.815</b>                           |
| City<br><b>VERMILLION</b>   | State<br><b>SD</b>                                  | Zip Code<br><b>57069-1045</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>100.00</b> |  |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>                        | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>350.00</b>             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>DONALD KASS</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |
| Mailing Address <b>48138 190TH ST.</b>  |   | Transaction ID : <b>SA11.783</b>                           |
| City<br><b>REMSEN</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>51050-8734</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |  |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>                         | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>600.00</b>             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT KINGSBURY</b>  |  | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 31 / 2013</b> |
| Mailing Address <b>642 SURREY LN.</b>   |  | Transaction ID : <b>SA11.1079</b>                          |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                                 | Zip Code<br><b>51106-9751</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>50.00</b> |  |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>                       | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>            |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013550

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 37 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 11d<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13a<br><input type="checkbox"/> 13b<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT KINGSBURY</b>  |   | Date of Receipt<br>11 / 27 / 2013 |   |
| Mailing Address <b>642 SURREY LN.</b>   |   | Transaction ID : <b>SA11.804</b>  |   |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51106-9751</b>     | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>            |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b> |                                   |   |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>DAVID KLINGENSMITH</b>  |   | Date of Receipt<br>11 / 20 / 2013 |   |
| Mailing Address <b>401 E. 2ND ST.</b>   |   | Transaction ID : <b>SA11.752</b>  |   |
| City<br><b>KINGSLEY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51028-5060</b>     | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>            |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>400.00</b> |                                   |   |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>DAVID KORVER</b>  |   | Date of Receipt<br>11 / 24 / 2013 |   |
| Mailing Address <b>4117 LINCOLN WAY</b>   |   | Transaction ID : <b>SA11.676</b>  |   |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51106-4007</b>     | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>PHYSICIAN</b>          |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b> |                                   |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013551

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 38 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>JOSEPH KRUSE</b>  |  | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 31 / 2013</b> |
| Mailing Address <b>330 OAK TREE LANE SUITE B</b>  |  | Transaction ID : <b>SA11.716</b>                           |
| City<br><b>DAKOTA DUNES</b>   | State<br><b>SD</b>   | Zip Code<br><b>57049-5097</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>1000.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>KRUSE FINANCIAL GROUP</b>  | Occupation<br><b>OWNER</b>   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1000.00</b>                             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>GEORGE LAMBIRTH</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 10 / 2013</b> |
| Mailing Address <b>175 SUMMIT DR.</b>   |   | Transaction ID : <b>SA11.619</b>                           |
| City<br><b>CASCADE</b>  | State<br><b>ID</b>  | Zip Code<br><b>83611-5424</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>FEDEX EXPRESS</b>  | Occupation<br><b>AIRLINE PILOT</b>                                  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b>                             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>RANDY LAMPRECHT</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 20 / 2013</b> |
| Mailing Address <b>13625 LOCUST AVE.</b>  |   | Transaction ID : <b>SA11.920</b>                           |
| City<br><b>HORNICK</b>  | State<br><b>IA</b>  | Zip Code<br><b>51026-8510</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>400.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>600.00</b>                             |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013552

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

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 39 OF 98                |                             |
|   | (check only one)             |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>KIT LARSEN</b>  |   | Date of Receipt<br>12 / 11 / 2013 |   |
| Mailing Address 32176 C-70  |   | Transaction ID : SA11.879         |   |
| City<br><b>HINTON</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51024-8939</b>     | Amount of Each Receipt this Period<br><b>100.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | CONTRIBUTION                      |   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>            |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>400.00</b> |                                   |   |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>KIT LARSEN</b>  |   | Date of Receipt<br>12 / 25 / 2013 |   |
| Mailing Address 32176 C-70  |   | Transaction ID : SA11.966         |   |
| City<br><b>HINTON</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51024-8939</b>     | Amount of Each Receipt this Period<br><b>100.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | CONTRIBUTION                      |   |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>            |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>400.00</b> |                                   |   |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>CHUCK LAUDNER</b>   |   | Date of Receipt<br>12 / 30 / 2013 |   |
| Mailing Address 500 RIVERVIEW DR.   |   | Transaction ID : SA11.1037        |   |
| City<br><b>ROCKFORD</b>   | State<br><b>IA</b>                        | Zip Code<br><b>50468-1177</b>     | Amount of Each Receipt this Period<br><b>500.00</b> |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | CONTRIBUTION                      |   |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>POLITICAL CONSULTANT</b> |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1100.00</b>  | POLITICAL EVENT                   |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013553

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 40 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14   | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>CHUCK LAUDNER</b>   |                                    | Date of Receipt<br>12 / 30 / 2013            |
| Mailing Address 500 RIVERVIEW DR.   |                                    | Transaction ID : SA11.1038                   |
| City<br>ROCKFORD  | State<br>IA                        | Zip Code<br>50468-1177                       |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>600.00 |
| Name of Employer<br>SELF  | Occupation<br>POLITICAL CONSULTANT | CONTRIBUTION                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1100.00  | POLITICAL EVENT                              |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>PAT LUSE</b>  |                                  | Date of Receipt<br>10 / 24 / 2013            |
| Mailing Address 4602 DEROCHEP PATH  |                                  | Transaction ID : SA11.662                    |
| City<br>SIOUX CITY  | State<br>IA                      | Zip Code<br>51106-9504                       |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00 |
| Name of Employer<br>SELF  | Occupation<br>PHYSICIAN          | CONTRIBUTION                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>600.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>JESSE MARTIN</b>  |                                  | Date of Receipt<br>12 / 20 / 2013            |
| Mailing Address 4289 250TH ST   |                                  | Transaction ID : SA11.924                    |
| City<br>DANBURY   | State<br>IA                      | Zip Code<br>51019-8000                       |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>100.00 |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED            | CONTRIBUTION                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>260.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

14020013554



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 41 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>JESSE MARTIN</b> |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 25 / 2013      |
| Mailing Address 4289 250TH ST                                  |   | Transaction ID : SA11.974                                |
| City DANBURY State IA Zip Code 51019-8000                      | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>CONTRIBUTION 30.00 |
| Name of Employer RETIRED Occupation RETIRED                    | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>260.00                         |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>CHRIS MASON</b> |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 20 / 2013       |
| Mailing Address 2424 IRA AVE.                                 |   | Transaction ID : SA11.750                                 |
| City EARLY State IA Zip Code 50535-7587                       | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>CONTRIBUTION 500.00 |
| Name of Employer GREENBUSH FARMS WEST Occupation FARMER       | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                          |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>PATRICK THOMAS MCCARVILLE</b>           |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013      |
| Mailing Address 618 BUCKLEY ST.   |   | Transaction ID : SA11.820                                |
| City SLOAN State IA Zip Code 51055-8059   | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>CONTRIBUTION 50.00 |
| Name of Employer NORTHEAST COMMUNITY COLLEGE Occupation INDUSTRIAL WELDING INSTRUCTOR | Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00                         |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 580.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013555

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

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

FOR LINE NUMBER: PAGE 42 OF 98  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**DR. GERALD MCGOWAN**

Mailing Address **2605 W. SOLWAY ST.**

City **SIoux CITY** State **IA** Zip Code **51104-4017**

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

Name of Employer **FAMILY PRACTICE** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt **10 / 07 / 2013**  
Transaction ID : **SA11.617**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GARY MENNEN**

Mailing Address **1679 OLD HWY 141**

City **SERGEANT BLUFF** State **IA** Zip Code **51054-8089**

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

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 21 / 2013**  
Transaction ID : **SA11.658**

Amount of Each Receipt this Period  
**150.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BILL MILTENBERGER**

Mailing Address **13956 130TH ST.**

City **SLOAN** State **IA** Zip Code **51055-8641**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 07 / 2013**  
Transaction ID : **SA11.875**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1400.00**

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

14020013556

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 43 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>THOMAS EDWARD MITCHELL</b>  |  | Date of Receipt<br>12 / 22 / 2013 |
| Mailing Address 4701 OLD LAKEPORT ROAD  |  | Transaction ID : SA11.961         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-9693            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>300.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2187.39                            |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BRIAN MOON</b>  |  | Date of Receipt<br>10 / 21 / 2013 |
| Mailing Address 4612 DEER SHADOW TR.  |  | Transaction ID : SA11.655         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-9729            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SIOUXLAND COIN & JEWELRY  | Occupation<br>SELF EMPLOYED                                  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1125.00                            |                                   |

|   |  |                                   |
|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BRIAN MOON</b>  |  | Date of Receipt<br>12 / 20 / 2013 |
| Mailing Address 4612 DEER SHADOW TR.  |  | Transaction ID : SA11.936         |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-9729            |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |                                   |
| Name of Employer<br>SIOUXLAND COIN & JEWELRY  | Occupation<br>SELF EMPLOYED                                  |                                   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1125.00                            |                                   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013557

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 44 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>BRIAN MOON</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013 |
| Mailing Address 4612 DEER SHADOW TR.  |   | Transaction ID : SA11.937                           |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-9729                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>25.00<br>CONTRIBUTION |   |
| Name of Employer<br>SIOUXLAND COIN & JEWELRY  | Occupation<br>SELF EMPLOYED                                 |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1125.00                           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>JON MORTON</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |
| Mailing Address 4704 BIRCH WAY  |   | Transaction ID : SA11.811                           |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-9764                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN                                       |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>210.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>JON MORTON</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013 |
| Mailing Address 4704 BIRCH WAY  |  | Transaction ID : SA11.938                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-9764                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>210.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 175.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013558

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

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

FOR LINE NUMBER: PAGE 45 OF 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE MOSIER**

Mailing Address **103 STOKE POGES**

City **WILLIAMSBURG** State **VA** Zip Code **23188-7477**

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

Name of Employer **UNKNOWN** Occupation **RETIRED**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt **12 / 25 / 2013**  
Transaction ID : **SA11.1007**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AARON NELSON**

Mailing Address **3615 STONE PARK BLVD.**

City **SIOUX CITY** State **IA** Zip Code **51103-1185**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt **12 / 29 / 2013**  
Transaction ID : **SA11.1021**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WARREN(BUD) G. NELSON**

Mailing Address **40 RIDGEVIEW RD.**

City **SIOUX CITY** State **IA** Zip Code **51104-4052**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **1005.00**

Date of Receipt **10 / 15 / 2013**  
Transaction ID : **SA11.644**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

**TOTAL** This Period (last page this line number only)..... **850.00**

14020013559

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

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

FOR LINE NUMBER: PAGE 46 OF 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
lowans for Sam Clovis

**A.** Full Name (Last, First, Middle Initial)  
WARREN(BUD) G. NELSON

Mailing Address 40 RIDGEVIEW RD.

City State Zip Code  
SIOUX CITY IA 51104-4052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1005.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2013

Transaction ID : SA11.691

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WARREN(BUD) G. NELSON

Mailing Address 40 RIDGEVIEW RD.

City State Zip Code  
SIOUX CITY IA 51104-4052

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1005.00

Date of Receipt  
MM / DD / YYYY  
12 / 25 / 2013

Transaction ID : SA11.997

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
EUGENE NITZSCHKE

Mailing Address 3421 MACOMB AVE.

City State Zip Code  
SIOUX CITY IA 51106-1626

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED LAW ENFORCEMENT INFORMATION DISTR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2013

Transaction ID : SA11.1049

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

200.00

14020013560

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

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

FOR LINE NUMBER: PAGE 47 OF 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

**A.** Full Name (Last, First, Middle Initial)  
EUGENE NITZSCHKE

Mailing Address 3421 MACOMB AVE.

City State Zip Code  
SIOUX CITY IA 51106-1626

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED LAW ENFORCEMENT INFORMATION DISTR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2013

Transaction ID : SA11.734

Amount of Each Receipt this Period  
CONTRIBUTION  
50.00

**B.** Full Name (Last, First, Middle Initial)  
EUGENE NITZSCHKE

Mailing Address 3421 MACOMB AVE.

City State Zip Code  
SIOUX CITY IA 51106-1626

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED LAW ENFORCEMENT INFORMATION DISTR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2013

Transaction ID : SA11.939

Amount of Each Receipt this Period  
CONTRIBUTION  
100.00

**C.** Full Name (Last, First, Middle Initial)  
ELISABETH NOEL

Mailing Address 1052 PEBBLE BEACH DR.

City State Zip Code  
DAKOTA DUNES SD 57049-5342

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2013

Transaction ID : SA11.1083

Amount of Each Receipt this Period  
CONTRIBUTION  
250.00

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

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

400.00

14020013561

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 48 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.**

Full Name (Last, First, Middle Initial)  
**DON NOLAN**

Mailing Address **1105 16TH ST.**

City **HAWARDEN** State **IA** Zip Code **51023-1629**

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

Name of Employer **FIRST STATE BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : **SA11.1056**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
**DON NOLAN**

Mailing Address **1105 16TH ST.**

City **HAWARDEN** State **IA** Zip Code **51023-1629**

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

Name of Employer **FIRST STATE BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **10 / 28 / 2013**

Transaction ID : **SA11.700**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
**GERMAINE O'DONNELL**

Mailing Address **3421 S. HENNEPIN ST.**

City **SIOUX CITY** State **IA** Zip Code **51106-4419**

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

Name of Employer **RETIRED** Occupation **RETIRED NURSE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 05 / 2013**

Transaction ID : **SA11.871**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

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

14020013562



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

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 49 OF 98                |                             |
|   | (check only one)             |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**GERMAINE O'DONNELL**

Mailing Address **3421 S. HENNEPIN ST.**

City **SIOUX CITY** State **IA** Zip Code **51106-4419**

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

Name of Employer **RETIRED** Occupation **RETIRED NURSE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **12 / 25 / 2013**

Transaction ID : **SA11.994**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEBRA OLSON**

Mailing Address **906 12TH AVE.**

City **GRINNELL** State **IA** Zip Code **50112-1120**

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

Name of Employer **SELF** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1064.00**

Date of Receipt **12 / 04 / 2013**

Transaction ID : **SA11.854**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM PASCOE III**

Mailing Address **2101 MILL ROAD APT. 413**

City **ALEXANDRIA** State **VA** Zip Code **22314-5319**

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

Name of Employer **ANTIETAM COMMUNICATION** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **11 / 13 / 2013**

Transaction ID : **SA11.740**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... **3700.00**

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

14020013563

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 50 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ROGER PINKLEY</b>   |  | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 21 / 2013</b> |
| Mailing Address <b>2078 ROUNDTABLE RD.</b>  |  | Transaction ID : <b>SA11.769</b>                           |
| City<br><b>SGT. BLUFF</b>   | State<br><b>IA</b>   |  |
| Zip Code<br><b>51054-9743</b>   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>30.00</b>         |
| Name of Employer<br><b>MEYER BROTHERS FUNERAL HOMES</b>   | Occupation<br><b>SALES @ MEYER BROTHERS</b>                            | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>380.00</b>                                |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ROGER PINKLEY</b>   |  | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |
| Mailing Address <b>2078 ROUNDTABLE RD.</b>  |  | Transaction ID : <b>SA11.788</b>                           |
| City<br><b>SGT. BLUFF</b>   | State<br><b>IA</b>   |  |
| Zip Code<br><b>51054-9743</b>   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>100.00</b>        |
| Name of Employer<br><b>MEYER BROTHERS FUNERAL HOMES</b>   | Occupation<br><b>SALES @ MEYER BROTHERS</b>                            | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>380.00</b>                                |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ROGER PINKLEY</b>   |  | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 20 / 2013</b> |
| Mailing Address <b>2078 ROUNDTABLE RD.</b>  |  | Transaction ID : <b>SA11.941</b>                           |
| City<br><b>SGT. BLUFF</b>   | State<br><b>IA</b>   |  |
| Zip Code<br><b>51054-9743</b>   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br><b>100.00</b>        |
| Name of Employer<br><b>MEYER BROTHERS FUNERAL HOMES</b>   | Occupation<br><b>SALES @ MEYER BROTHERS</b>                            | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>380.00</b>                                |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>230.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013564

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 51 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>DAVID PROBST</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 23 / 2013</b> |
| Mailing Address <b>19169 KEY AVE.</b>   |   | Transaction ID : <b>SA11.671</b>                           |
| City<br><b>LE MARS</b>  | State<br><b>IA</b>  | Zip Code<br><b>51031-9204</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1000.00</b>                            |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>DAVID PROBST</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |
| Mailing Address <b>19169 KEY AVE.</b>   |   | Transaction ID : <b>SA11.784</b>                           |
| City<br><b>LE MARS</b>  | State<br><b>IA</b>  | Zip Code<br><b>51031-9204</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>SELF</b>   | Occupation<br><b>FARMER</b>   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>1000.00</b>                            |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>GEORGE CHARLES REHAN</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 31 / 2013</b> |
| Mailing Address <b>6106 FOUR SEASONS DR.</b>  |   | Transaction ID : <b>SA11.1064</b>                          |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>  | Zip Code<br><b>51106-5438</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>REHAN UNIFORMS</b>   | Occupation<br><b>SALES</b>  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b>                             |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013565

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 52 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>GERALD RETZLAFF</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 30 / 2013</b> |
| Mailing Address <b>418 N. PINE</b>  |   | Transaction ID : <b>SA11.1044</b>                          |
| City<br><b>MONTICELLO</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>52310-1137</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>150.00</b> |  |
| Name of Employer<br><b>UNKNOWN</b>  | Occupation<br><b>UNKNOWN</b>                        | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>250.00</b>             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>RICHARD REYNOLDS</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>10 / 30 / 2013</b> |
| Mailing Address <b>1629 APPLEWOOD DR.</b>   |   | Transaction ID : <b>SA11.711</b>                           |
| City<br><b>BEAVERCREEK</b>  | State<br><b>OH</b>                                  | Zip Code<br><b>45434-6900</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>500.00</b> |  |
| Name of Employer<br><b>THE VANFLEET GROUP, LLC</b>  | Occupation<br><b>SELF</b>                           | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>500.00</b>             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>ROBERT LOUIS ROE</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 25 / 2013</b> |
| Mailing Address <b>6320 GOLF VIEW PL</b>  |   | Transaction ID : <b>SA11.1011</b>                          |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                                  | Zip Code<br><b>51106-7100</b>                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>300.00</b> |  |
| Name of Employer<br><b>BOB ROE'S POINT AFTER</b>  | Occupation<br><b>OWNER</b>                          | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>300.00</b>             |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>950.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013566

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 53 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET ROUSH**

Mailing Address **3409 CHEYENNE BLVD.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIOUX CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51104-1845</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **10 / 21 / 2013**

Transaction ID : **SA11.659**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARGARET ROUSH**

Mailing Address **3409 CHEYENNE BLVD.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIOUX CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51104-1845</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **12 / 20 / 2013**

Transaction ID : **SA11.943**

Amount of Each Receipt this Period  
**200.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARGARET ROUSH**

Mailing Address **3409 CHEYENNE BLVD.**

|                           |                    |                               |
|---------------------------|--------------------|-------------------------------|
| City<br><b>SIOUX CITY</b> | State<br><b>IA</b> | Zip Code<br><b>51104-1845</b> |
|---------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **12 / 20 / 2013**

Transaction ID : **SA11.944**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013567

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 54 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>RICHARD SALEM</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2013          |  |
| Mailing Address 3000 SERGEANT RD.   |                                      | Transaction ID : SA11.642                                    |  |
| City<br>SIOUX CITY  | State<br>IA                          | Zip Code<br>51106-3440                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |  |
| Name of Employer<br>UNITED REALTY   | Occupation<br>COMMERCIAL REAL ESTATE |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>730.00     |  |  |

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>RICHARD SALEM</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013          |  |
| Mailing Address 3000 SERGEANT RD.   |                                      | Transaction ID : SA11.946                                    |  |
| City<br>SIOUX CITY  | State<br>IA                          | Zip Code<br>51106-3440                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |  |
| Name of Employer<br>UNITED REALTY   | Occupation<br>COMMERCIAL REAL ESTATE |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>730.00     |  |  |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>RICHARD SALEM</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013         |  |
| Mailing Address 3000 SERGEANT RD.   |                                      | Transaction ID : SA11.947                                   |  |
| City<br>SIOUX CITY  | State<br>IA                          | Zip Code<br>51106-3440                                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>80.00<br>CONTRIBUTION |  |
| Name of Employer<br>UNITED REALTY   | Occupation<br>COMMERCIAL REAL ESTATE |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>730.00     |   |  |

|  |        |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....           | 430.00 |
| TOTAL This Period (last page this line number only)..... | 430.00 |

14020013568

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 55 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PATRICK J. SAULSBURY</b>   |   | Date of Receipt<br>12 / 25 / 2013                                   |  |
| Mailing Address <b>32253 K22</b>  |   | Transaction ID : <b>SA11.1012</b>                                   |  |
| City<br><b>SIoux CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51108-8644</b>                                       |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>300.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>SIOUXLAND ANIMAL HOSPITAL</b>  | Occupation<br><b>DVM</b>                |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>300.00</b> |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RICHARD SCHLITTER</b>  |   | Date of Receipt<br>12 / 20 / 2013                                   |  |
| Mailing Address <b>609 15TH ST.</b>   |   | Transaction ID : <b>SA11.948</b>                                    |  |
| City<br><b>ONAWA</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51040-1031</b>                                       |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>            |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>210.00</b> |   |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RICHARD SCHLITTER</b>  |   | Date of Receipt<br>12 / 25 / 2013                                  |  |
| Mailing Address <b>609 15TH ST.</b>   |   | Transaction ID : <b>SA11.973</b>                                   |  |
| City<br><b>ONAWA</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51040-1031</b>                                      |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><b>25.00</b><br>CONTRIBUTION |  |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>RETIRED</b>            |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>210.00</b> |  |  |

|  |               |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....           | <b>425.00</b> |
| TOTAL This Period (last page this line number only)..... | (Empty box)   |

14020013569

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 56 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|   | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DALE SCHROEDER</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 29 / 2013 |
| Mailing Address 602 HARRISON ST.  |  | Transaction ID : SA11.1035                          |
| City<br>REMSEN  | State<br>IA  | Zip Code<br>51050-1003                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>275.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DALE SCHROEDER</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |
| Mailing Address 602 HARRISON ST.  |  | Transaction ID : SA11.796                           |
| City<br>REMSEN  | State<br>IA  | Zip Code<br>51050-1003                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>275.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>TOM SCHRYVER</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 05 / 2013 |
| Mailing Address 4627 COUNTRY CLUB BLVD  |  | Transaction ID : SA11.866                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51104-1063                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00<br>CONTRIBUTION |   |
| Name of Employer<br>FHCS  | Occupation<br>HEALTHCARE                                     |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>800.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013570



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 57 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>ARLEN SEABLOM</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>11 / 27 / 2013</b> |   |
| Mailing Address <b>5928 B AVE.</b>  |   | <b>Transaction ID : SA11.818</b>                           |   |
| City<br><b>PIERSON</b>  | State<br><b>IA</b>                      | Zip Code<br><b>51048-7528</b>                              | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |  |   |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             |  | Amount of Each Receipt this Period<br><b>350.00</b><br>CONTRIBUTION |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>350.00</b> |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BOB SIEVERS</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 20 / 2013</b> |   |
| Mailing Address <b>1320 29TH ST.</b>  |   | <b>Transaction ID : SA11.949</b>                           |   |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51104-2906</b>                              | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |  |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>TEACHER</b>            |  | Amount of Each Receipt this Period<br><b>425.00</b><br>CONTRIBUTION |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>425.00</b> |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BOB SIEVERS</b>   |   | Date of Receipt<br>MM / DD / YYYY<br><b>12 / 20 / 2013</b> |   |
| Mailing Address <b>1320 29TH ST.</b>  |   | <b>Transaction ID : SA11.950</b>                           |   |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51104-2906</b>                              | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |  |   |
| Name of Employer<br><b>RETIRED</b>  | Occupation<br><b>TEACHER</b>            |  | Amount of Each Receipt this Period<br><b>425.00</b><br>CONTRIBUTION |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>425.00</b> |  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013571

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 58 OF 98                |
|   | (check only one)                        |                              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>BOB SIEVERS</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013         |
| Mailing Address 1320 29TH ST.   |                                  | Transaction ID : SA11.951                                   |
| City<br>SIOUX CITY  | State<br>IA                      | Zip Code<br>51104-2906                                      |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>25.00<br>CONTRIBUTION |
| Name of Employer<br>RETIRED   | Occupation<br>TEACHER            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>425.00 |   |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>GARRETT SMITH</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>12 / 25 / 2013          |
| Mailing Address 4301 PERRY WAY  |                                   | Transaction ID : SA11.1002                                   |
| City<br>SIOUX CITY  | State<br>IA                       | Zip Code<br>51104-1123                                       |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |
| Name of Employer<br>AMERICAN POPCORN  | Occupation<br>PRESIDENT           |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00 |  |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>DAN STANISLAV</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>12 / 29 / 2013         |
| Mailing Address 27054 CO HWY E60  |                                  | Transaction ID : SA11.1020                                  |
| City<br>BLENCOE   | State<br>IA                      | Zip Code<br>51523-  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |
| Name of Employer<br>UNKNOWN   | Occupation<br>UNKNOWN            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00 |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 575.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013572

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 59 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |                                  |   |  |
|---|----------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CAROLYN SULSBERGER</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |  |
| Mailing Address 2381 COUNTY RD. D25   |                                  | Transaction ID : SA11.1063                          |  |
| City<br>HORNICK   | State<br>IA                      | Zip Code<br>51026-8132                              | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br>C   |                                  |   |  |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED            |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>350.00 |   |  |

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. TOMMY THOMPSON</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>10 / 24 / 2013 |  |
| Mailing Address 38509 C-44  |                                   | Transaction ID : SA11.690                           |  |
| City<br>LE MARS   | State<br>IA                       | Zip Code<br>51031-8150                              | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br>C   |                                   |   |  |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>FARMER & TEACHER    |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1200.00 |   |  |

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK TILL</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2013 |  |
| Mailing Address 3354 HIGHWAY 141  |                                   | Transaction ID : SA11.641                           |  |
| City<br>SMITHLAND   | State<br>IA                       | Zip Code<br>51056-8067                              | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br>C   |                                   |   |  |
| Name of Employer<br>SELF  | Occupation<br>FARMER              |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |   |  |

|  |        |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....           | 700.00 |
| TOTAL This Period (last page this line number only)..... |        |

14020013573

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 60 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

**A.** Full Name (Last, First, Middle Initial)  
**MARK TILL**

Mailing Address **3354 HIGHWAY 141**

City **SMITHLAND** State **IA** Zip Code **51056-8067**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt: **12 / 20 / 2013**

Transaction ID : **SA11.899**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID TODD**

Mailing Address **1337 LEE AVE.**

City **PIERSON** State **IA** Zip Code **51048-8035**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt: **12 / 25 / 2013**

Transaction ID : **SA11.1003**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID TODD**

Mailing Address **1337 LEE AVE.**

City **PIERSON** State **IA** Zip Code **51048-8035**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt: **11 / 27 / 2013**

Transaction ID : **SA11.824**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

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

14020013574

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 61 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN TONSFELDT</b>  |   | Date of Receipt<br>12 / 05 / 2013 |   |
| Mailing Address <b>10095 SHAMROCK AVE.</b>  |   | Transaction ID : <b>SA11.863</b>  |   |
| City<br><b>REMSEN</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51050-8817</b>     | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |   |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>900.00</b> |                                   |   |

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN TONSFELDT</b>  |   | Date of Receipt<br>12 / 20 / 2013 |  |
| Mailing Address <b>10095 SHAMROCK AVE.</b>  |   | Transaction ID : <b>SA11.954</b>  |  |
| City<br><b>REMSEN</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51050-8817</b>     | Amount of Each Receipt this Period<br><b>50.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |  |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             |                                   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>900.00</b> |                                   |  |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>STEVEN TONSFELDT</b>  |   | Date of Receipt<br>12 / 25 / 2013 |   |
| Mailing Address <b>10095 SHAMROCK AVE.</b>  |   | Transaction ID : <b>SA11.971</b>  |   |
| City<br><b>REMSEN</b>   | State<br><b>IA</b>                      | Zip Code<br><b>51050-8817</b>     | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                                   |   |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Occupation<br><b>FARMER</b>             |                                   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><b>900.00</b> |                                   |   |

|  |               |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....           | <b>400.00</b> |
| TOTAL This Period (last page this line number only)..... | [Empty Box]   |

14020013575

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 62 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 11d |
|   |                              | <input type="checkbox"/> 14  |
|   |                              | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BENJAMIN UHL</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| Mailing Address 4601 GRAYHAWK RIDGE   |  | Transaction ID : SA11.1060                          |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51106-9716                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>UNKNOWN   | Occupation<br>OPTOMETRIST                                    |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LYLE VAN ENGEN</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |
| Mailing Address 2020 MAIN   |  | Transaction ID : SA11.826                           |
| City<br>ROCK VALLEY   | State<br>IA  | Zip Code<br>51247-7470                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF  | Occupation<br>HVAC   |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DR. HARLAN VANDER GRIEND</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |
| Mailing Address 1341 KAHLER CT.   |  | Transaction ID : SA11.794                           |
| City<br>SHELDON   | State<br>IA  | Zip Code<br>51201-1839                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF  | Occupation<br>OPTOMETRIST                                    |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>314.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013576

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 63 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL VAUGHN</b>   |             | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |  |
| Mailing Address 1112 DIAMOND ST.  |             | Transaction ID : SA11.827                           |  |
| City<br>ONAWA   | State<br>IA | Zip Code<br>51040-1521                              |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>500.00        |  |
| Name of Employer<br>FIESTA FOODS  |             | Occupation<br>GROCERY STORE OWNER                   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>500.00                    |  |
|   |             | CONTRIBUTION  |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CHARLES WATKINS</b>  |             | Date of Receipt<br>MM / DD / YYYY<br>11 / 27 / 2013 |  |
| Mailing Address 1014 N ANTHONY AVE.   |             | Transaction ID : SA11.822                           |  |
| City<br>ANTHONY   | State<br>KS | Zip Code<br>67003-2315                              |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>250.00        |  |
| Name of Employer<br>RETIRED   |             | Occupation<br>RETIRED                               |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>500.00                    |  |
|   |             | CONTRIBUTION  |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CHERYL L. WELLS</b>  |             | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |  |
| Mailing Address 366 16TH ST. SE   |             | Transaction ID : SA11.1058                          |  |
| City<br>LE MARS   | State<br>IA | Zip Code<br>51031-2761                              |  |
| FEC ID number of contributing federal political committee.  |             | Amount of Each Receipt this Period<br>2500.00       |  |
| Name of Employer<br>HABITUE COFFEE & BAKERY   |             | Occupation<br>OWNER                                 |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>2500.00                   |  |
|   |             | CONTRIBUTION  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

14020013577

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 64 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|   | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL C. WELLS</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| Mailing Address 366 16TH ST. SE   |   | Transaction ID : SA11.1057                          |
| City<br>LE MARS   | State<br>IA   | Zip Code<br>51031-2761                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>2500.00<br>CONTRIBUTION |   |
| Name of Employer<br>WELLS ENTERPRISES INC.  | Occupation<br>EXECUTIVE                                       |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JON WINKEL</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 30 / 2013 |
| Mailing Address P.O. BOX 68   |  | Transaction ID : SA11.708                           |
| City<br>SERGEANT BLUFF  | State<br>IA  | Zip Code<br>51054-0068                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |   |
| Name of Employer<br>SEGEANT BLUFF, IA   | Occupation<br>MAYOR  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00                             |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DR. JOHN WOLPERT</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| Mailing Address 627 TUMBLEWEED TRAIL  |   | Transaction ID : SA11.1088                          |
| City<br>DAKOTA DUNES  | State<br>SD   | Zip Code<br>57049-5166                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1500.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>PHYSICIAN                                       |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00                             |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

14020013578



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 65 OF 98 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>DR. JOHN WOLPERT</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2013                 |
| Mailing Address <b>627 TUMBLEWEED TRAIL</b>   |  | Transaction ID : <b>SA11.596</b>                                    |
| City<br><b>DAKOTA DUNES</b>   | State<br><b>SD</b>                       |   |
| Zip Code<br><b>57049-5166</b>   |  | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Occupation<br><b>PHYSICIAN</b>           |   |
| Name of Employer<br><b>RETIRED</b>  | Election Cycle-to-Date<br><b>1500.00</b> |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>PAUL WOLPERT</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 24 / 2013                 |
| Mailing Address <b>2301 ST. ANTHONY PLACE</b>   |  | Transaction ID : <b>SA11.683</b>                                    |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                       |   |
| Zip Code<br><b>51108-3602</b>   |  | Amount of Each Receipt this Period<br><b>100.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Occupation<br><b>RETIRED</b>             |   |
| Name of Employer<br><b>RETIRED</b>  | Election Cycle-to-Date<br><b>1600.00</b> |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>TRENT WRIGHT</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 05 / 2013                 |
| Mailing Address <b>5206 SEGER AVE.</b>  |   | Transaction ID : <b>SA11.861</b>                                    |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>                      |   |
| Zip Code<br><b>51106-4133</b>   |   | Amount of Each Receipt this Period<br><b>250.00</b><br>CONTRIBUTION |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Occupation<br><b>FOOD PRODUCTION</b>    |   |
| Name of Employer<br><b>SELF EMPLOYED</b>  | Election Cycle-to-Date<br><b>590.00</b> |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013579

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 66 OF 98                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 11d |
|   |                              | <input type="checkbox"/> 14  |
|   |                              | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>TRENT WRIGHT</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 20 / 2013 |
| Mailing Address 5206 SEGER AVE.   |   | Transaction ID : SA11.959                           |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-4133                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00<br>CONTRIBUTION |   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>FOOD PRODUCTION                               |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>590.00                            |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BILL ZABEL</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2013 |
| Mailing Address 2815 JENNINGS ST.   |  | Transaction ID : SA11.1065                          |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51104-3626                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>535.00                             |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BILL ZABEL</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2013 |
| Mailing Address 2815 JENNINGS ST.   |  | Transaction ID : SA11.632                           |
| City<br>SIOUX CITY  | State<br>IA  | Zip Code<br>51104-3626                              |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>100.00<br>CONTRIBUTION |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED  |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>535.00                             |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013580

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 67 OF 98 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 12 <input type="checkbox"/> 11b<br><input type="checkbox"/> 13a <input type="checkbox"/> 11c<br><input type="checkbox"/> 13b <input type="checkbox"/> 11d<br><input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>EVENT</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2013 |
| Mailing Address 701 GORDON DRIVE  |                                   | Transaction ID : SA11.1013                          |
| City  | State Zip Code                    |   |
| SIOUX CITY  | IA 51101-1724                     | Amount of Each Receipt this Period<br>85.00         |
| FEC ID number of contributing federal political committee.  | C                                 | CONTRIBUTION  |
| Name of Employer  | Occupation                        |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1085.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>EVENT</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>12 / 27 / 2013 |
| Mailing Address 701 GORDON DRIVE  |                                   | Transaction ID : SA11.1014                          |
| City  | State Zip Code                    |   |
| SIOUX CITY  | IA 51101-1724                     | Amount of Each Receipt this Period<br>1000.00       |
| FEC ID number of contributing federal political committee.  | C                                 | CONTRIBUTION  |
| Name of Employer  | Occupation                        |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1085.00 |   |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF NRA</b>  |                                  | Date of Receipt<br>MM / DD / YYYY<br>11 / 21 / 2013 |
| Mailing Address 901 TOPAZ DR.   |                                  | Transaction ID : SA11.770                           |
| City  | State Zip Code                   |   |
| SERGEANT BLUFF  | IA 51054-8969                    | Amount of Each Receipt this Period<br>332.00        |
| FEC ID number of contributing federal political committee.  | C                                | CONTRIBUTION  |
| Name of Employer  | Occupation                       |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>332.00 |   |

|  |          |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....           | 1417.00  |
| TOTAL This Period (last page this line number only)..... | 50198.53 |

14020013581

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 68 OF 98                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL BIUNDO</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 31 / 2013</b> |                                   |
| Mailing Address <b>33 COUNTRY WALK DR.</b>  |  | Amount of Each Disbursement this Period<br><b>500.00</b>        |                                   |
| City<br><b>MANCHESTER</b>   | State<br><b>NH</b>   | Zip Code<br><b>03109-5131</b>                                   | Transaction ID : <b>SB17.1100</b> |
| Purpose of Disbursement<br><b>IN-KIND CONTRIBUTION</b>  |  | Category/Type   |                                   |
| Candidate Name  |  | Transaction ID : <b>SB17.1100</b>                               |                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |                                   |
| State: _____ District: _____  | FUNDRAISING EXPENSE  |   |                                   |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SONDRA CHILDS-SMITH</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 22 / 2013</b> |                                  |
| Mailing Address <b>20433 570TH AVE.</b>   |  | Amount of Each Disbursement this Period<br><b>650.00</b>        |                                  |
| City<br><b>AMES</b>   | State<br><b>IA</b>   | Zip Code<br><b>50010-9413</b>                                   | Transaction ID : <b>SB17.962</b> |
| Purpose of Disbursement<br><b>IN-KIND CONTRIBUTION</b>  |  | Category/Type   |                                  |
| Candidate Name  |  | Transaction ID : <b>SB17.962</b>                                |                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |                                  |
| State: _____ District: _____  |  |   |                                  |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. SONDRA CHILDS-SMITH</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 22 / 2013</b> |                                  |
| Mailing Address <b>20433 570TH AVE.</b>   |  | Amount of Each Disbursement this Period<br><b>116.53</b>        |                                  |
| City<br><b>AMES</b>   | State<br><b>IA</b>   | Zip Code<br><b>50010-9413</b>                                   | Transaction ID : <b>SB17.963</b> |
| Purpose of Disbursement<br><b>IN-KIND CONTRIBUTION</b>  |  | Category/Type   |                                  |
| Candidate Name  |  | Transaction ID : <b>SB17.963</b>                                |                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |                                  |
| State: _____ District: _____  |  |   |                                  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1266.53</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013582

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |                    |  |                                   |
|--|--------------------|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SONDRA CHILDS-SMITH</b>   |                    | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 08 / 2013</b>  |                                   |
| Mailing Address <b>20433 570TH AVE.</b>  |                    | Amount of Each Disbursement this Period<br><b>154.35</b>   |                                   |
| City<br><b>AMES</b>  | State<br><b>IA</b> | Zip Code<br><b>50010</b>   | Transaction ID : <b>SB17.I247</b> |
| Purpose of Disbursement<br><b>TRAVEL</b>   |                    | Category/<br>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)<br><b>B. SONDRA CHILDS-SMITH</b>   |                    | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 18 / 2013</b>  |                                   |
| Mailing Address <b>20433 570TH AVE.</b>  |                    | Amount of Each Disbursement this Period<br><b>1000.00</b>  |                                   |
| City<br><b>AMES</b>  | State<br><b>IA</b> | Zip Code<br><b>50010</b>   | Transaction ID : <b>SB17.I248</b> |
| Purpose of Disbursement<br><b>CONSULTING FEES</b>  |                    | Category/<br>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)<br><b>C. SONDRA CHILDS-SMITH</b>   |                    | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 13 / 2013</b>  |                                   |
| Mailing Address <b>20433 570TH AVE.</b>  |                    | Amount of Each Disbursement this Period<br><b>1841.85</b>  |                                   |
| City<br><b>AMES</b>  | State<br><b>IA</b> | Zip Code<br><b>50010</b>   | Transaction ID : <b>SB17.I280</b> |
| Purpose of Disbursement<br><b>CONSULTING FEES</b>  |                    | Category/<br>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:   |                                   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2996.20</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013583

**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 70 OF 98

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KOLBY DEWITT</b>   |  | Date of Disbursement<br>10 / 02 / 2013             |
| Mailing Address 1100 S. PAXTON ST.<br>APT. 1  |  | Amount of Each Disbursement this Period<br>2435.21 |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51106   | Purpose of Disbursement<br>CONSULTING FEES   | Transaction ID : SB17.I210                         |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:<br>District:   |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. KOLBY DEWITT</b>   |  | Date of Disbursement<br>10 / 16 / 2013             |
| Mailing Address 1100 S. PAXTON ST.<br>APT. 1  |  | Amount of Each Disbursement this Period<br>1500.00 |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51106   | Purpose of Disbursement<br>CONSULTING FEES   | Transaction ID : SB17.I211                         |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:<br>District:   |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. KOLBY DEWITT</b>   |  | Date of Disbursement<br>11 / 01 / 2013             |
| Mailing Address 1100 S. PAXTON ST.<br>APT. 1  |  | Amount of Each Disbursement this Period<br>1972.53 |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51106   | Purpose of Disbursement<br>CONSULTING FEES   | Transaction ID : SB17.I212                         |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:<br>District:   |  |  |
| SUBTOTAL of Disbursements This Page (optional).....   |  | 5907.74  |
| TOTAL This Period (last page this line number only).....  |  |  |

14020013584

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

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. KOLBY DEWITT</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 18 / 2013</b> |
| Mailing Address <b>1100 S. PAXTON ST.<br/>APT. 1</b>   |  | Amount of Each Disbursement this Period<br><b>1478.61</b>       |
| City <b>SIOUX CITY</b> State <b>IA</b> Zip Code <b>51106</b>   | Purpose of Disbursement<br><b>CONSULTING FEES</b>  |   |
| Candidate Name   |  | Transaction ID : <b>SB17.I213</b>                               |
| 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) | Category/Type   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KOLBY DEWITT</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 04 / 2013</b> |
| Mailing Address <b>1100 S. PAXTON ST.<br/>APT. 1</b>   |  | Amount of Each Disbursement this Period<br><b>1942.76</b>       |
| City <b>SIOUX CITY</b> State <b>IA</b> Zip Code <b>51106</b>   | Purpose of Disbursement<br><b>CONSULTING FEES</b>  |   |
| Candidate Name   |  | Transaction ID : <b>SB17.I214</b>                               |
| 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) | Category/Type   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KOLBY DEWITT</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 17 / 2013</b> |
| Mailing Address <b>1100 S. PAXTON ST.<br/>APT. 1</b>   |  | Amount of Each Disbursement this Period<br><b>1500.00</b>       |
| City <b>SIOUX CITY</b> State <b>IA</b> Zip Code <b>51106</b>   | Purpose of Disbursement<br><b>CONSULTING FEES</b>  |   |
| Candidate Name   |  | Transaction ID : <b>SB17.I283</b>                               |
| 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) | Category/Type   |
| State: District:   |  |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4921.37</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013585

**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)

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CHUCK LAUDNER</b>  |  | Date of Disbursement<br>12 / 30 / 2013            |
| Mailing Address 500 RIVERVIEW DR.   |  | Amount of Each Disbursement this Period<br>500.00 |
| City<br>ROCKFORD  | State<br>IA  |   |
| Zip Code<br>50468-1177  | Purpose of Disbursement<br>IN-KIND CONTRIBUTION  | POLITICAL EVENT                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHUCK LAUDNER</b>  |  | Date of Disbursement<br>12 / 30 / 2013            |
| Mailing Address 500 RIVERVIEW DR.   |  | Amount of Each Disbursement this Period<br>600.00 |
| City<br>ROCKFORD  | State<br>IA  |   |
| Zip Code<br>50468-1177  | Purpose of Disbursement<br>IN-KIND CONTRIBUTION  | POLITICAL EVENT                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS EDWARD MITCHELL</b>   |  | Date of Disbursement<br>12 / 22 / 2013            |
| Mailing Address 4701 OLD LAKEPORT ROAD  |  | Amount of Each Disbursement this Period<br>300.00 |
| City<br>SIOUX CITY  | State<br>IA  |   |
| Zip Code<br>51106-9693  | Purpose of Disbursement<br>IN-KIND CONTRIBUTION  | POLITICAL EVENT                                   |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|  |         |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....      | 1400.00 |
| TOTAL This Period (last page this line number only)..... |         |

14020013586



**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 73 OF 98

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

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NAME OF COMMITTEE (In Full)

Iowans for Sam Clovis

Full Name (Last, First, Middle Initial)

**A. CABLEONE - SIOUX CITY, IA**

Mailing Address 900 STEUBEN ST

City SIOUX CITY State IA Zip Code 51101-2049

Purpose of Disbursement ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

10 / 28 / 2013

Amount of Each Disbursement this Period

230.71

Transaction ID : SB17.I145

Full Name (Last, First, Middle Initial)

**B. CABLEONE - SIOUX CITY, IA**

Mailing Address 900 STEUBEN ST

City SIOUX CITY State IA Zip Code 51101-2049

Purpose of Disbursement ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

11 / 26 / 2013

Amount of Each Disbursement this Period

189.42

Transaction ID : SB17.I146

Full Name (Last, First, Middle Initial)

**C. CASEY'S - SIOUX CITY**

Mailing Address 3051 FLOYD BLVD

City SIOUX CITY State IA Zip Code 51108-1461

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

10 / 15 / 2013

Amount of Each Disbursement this Period

93.07

Transaction ID : SB17.I148

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

513.20

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

14020013587

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 74 OF 98   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CASEY'S - SIOUX CITY</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>10 / 21 / 2013                       |
| Mailing Address 3051 FLOYD BLVD  |   | Amount of Each Disbursement this Period<br>70.37<br>Transaction ID : SB17.I149 |
| City<br>SIOUX CITY   | State<br>IA   |  |
| Zip Code<br>51108-1461   | Purpose of Disbursement<br>TRAVEL   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CASEY'S - SIOUX CITY</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>10 / 24 / 2013                       |
| Mailing Address 3051 FLOYD BLVD  |   | Amount of Each Disbursement this Period<br>77.13<br>Transaction ID : SB17.I150 |
| City<br>SIOUX CITY   | State<br>IA   |  |
| Zip Code<br>51108-1461   | Purpose of Disbursement<br>TRAVEL   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CASEY'S - SIOUX CITY</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>11 / 21 / 2013                       |
| Mailing Address 3051 FLOYD BLVD  |   | Amount of Each Disbursement this Period<br>85.41<br>Transaction ID : SB17.I151 |
| City<br>SIOUX CITY   | State<br>IA   |  |
| Zip Code<br>51108-1461   | Purpose of Disbursement<br>TRAVEL   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |        |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....      | 232.91 |
| TOTAL This Period (last page this line number only)..... |        |

14020013588

**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)

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

Full Name (Last, First, Middle Initial)

**A. CHARLIE'S RESTAURANT**

Mailing Address 701 GORDON DR.

City SIOUX CITY State IA Zip Code 51101

Purpose of Disbursement  
CAMPAIGN EVENT EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

12 / 23 / 2013

Amount of Each Disbursement this Period

912.77

Transaction ID : SB17.I268

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. COUNTRY INN & SUITES - DAVENPORT, IA**

Mailing Address 140 E 55TH ST.

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

10 / 17 / 2013

Amount of Each Disbursement this Period

122.08

Transaction ID : SB17.I161

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COUNTRY INN & SUITES - DAVENPORT, IA**

Mailing Address 140 E 55TH ST.

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

10 / 17 / 2013

Amount of Each Disbursement this Period

122.08

Transaction ID : SB17.I162

Category/  
Type

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

1156.93

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

14020013589

**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 76 OF 98

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

Full Name (Last, First, Middle Initial)

**A. COUNTRY INN & SUITES - DAVENPORT, IA**

Mailing Address 140 E 55TH ST.

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 18 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 110.88 |
|--------|

Transaction ID : SB17.I163

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. COUNTRY INN & SUITES - DAVENPORT, IA**

Mailing Address 140 E 55TH ST.

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 18 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 110.88 |
|--------|

Transaction ID : SB17.I164

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CRIMSON ACCOUNTING**

Mailing Address 1593 SPRING HILL ROAD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 04 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.I169

Category/  
Type

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

821.76

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

14020013590

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CRIMSON ACCOUNTING</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>12 / 03 / 2013 |
| Mailing Address 1593 SPRING HILL ROAD  |                         | Amount of Each Disbursement this Period<br>600.00        |
| City TYSONS CORNER   | State VA Zip Code 22182 |  |
| Purpose of Disbursement<br>DATA PROCESSING SERVICES  | Candidate Name          | Transaction ID : SB17.I170                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ELDON'S RESTAURANT</b>  |                         | Date of Disbursement<br>MM / DD / YYYY<br>10 / 06 / 2013 |
| Mailing Address 3322 SINGING HILLS BLVD.   |                         | Amount of Each Disbursement this Period<br>1126.71       |
| City SIOUX CITY  | State IA Zip Code 51106 |  |
| Purpose of Disbursement<br>CAMPAIGN EVENT EXPENSES   | Candidate Name          | Transaction ID : SB17.I175                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           |  |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FARMER'S CO-OP - HINTON</b>                                     |                         | Date of Disbursement<br>MM / DD / YYYY<br>10 / 08 / 2013 |
| Mailing Address 105 E. MAIN ST.  |                         | Amount of Each Disbursement this Period<br>100.04        |
| City HINTON  | State IA Zip Code 51024 |  |
| Purpose of Disbursement<br>TRAVEL  | Candidate Name          | Transaction ID : SB17.I180                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |  |
| State: District:   | Category/Type           |  |

|  |         |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....      | 1826.75 |
| TOTAL This Period (last page this line number only)..... |         |

14020013591

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 78 OF 98                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

Full Name (Last, First, Middle Initial)  
**A. FARMER'S CO-OP - HINTON**

Mailing Address **105 E. MAIN ST.**

City **HINTON** State **IA** Zip Code **51024**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 09 / 2013**

Amount of Each Disbursement this Period: **100.04**

Transaction ID: **SB17.I181**

Full Name (Last, First, Middle Initial)  
**B. FARMER'S CO-OP - HINTON**

Mailing Address **105 E. MAIN ST.**

City **HINTON** State **IA** Zip Code **51024**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 28 / 2013**

Amount of Each Disbursement this Period: **80.04**

Transaction ID: **SB17.I182**

Full Name (Last, First, Middle Initial)  
**C. FARMER'S CO-OP - HINTON**

Mailing Address **105 E. MAIN ST.**

City **HINTON** State **IA** Zip Code **51024**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 28 / 2013**

Amount of Each Disbursement this Period: **96.73**

Transaction ID: **SB17.I183**

**SUBTOTAL** of Disbursements This Page (optional) ..... **276.81**

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

14020013592

**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 79 OF 98

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

Full Name (Last, First, Middle Initial)

**A. FARMER'S CO-OP - HINTON**

Mailing Address 105 E. MAIN ST.

City HINTON State IA Zip Code 51024

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2013

Amount of Each Disbursement this Period

87.16

Transaction ID : SB17.I184

Full Name (Last, First, Middle Initial)

**B. FARMER'S CO-OP - HINTON**

Mailing Address 105 E. MAIN ST.

City HINTON State IA Zip Code 51024

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2013

Amount of Each Disbursement this Period

58.35

Transaction ID : SB17.I185

Full Name (Last, First, Middle Initial)

**C. FARMER'S CO-OP - HINTON**

Mailing Address 105 E. MAIN ST.

City HINTON State IA Zip Code 51024

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2013

Amount of Each Disbursement this Period

75.71

Transaction ID : SB17.I186

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

221.22

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

14020013593

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 80 OF 98                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FARMER'S CO-OP - HINTON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 25 / 2013</b> |
| Mailing Address <b>105 E. MAIN ST.</b>  |  | Amount of Each Disbursement this Period<br><b>82.99</b>         |
| City<br><b>HINTON</b>   | State<br><b>IA</b>   |   |
| Zip Code<br><b>51024</b>  | Purpose of Disbursement<br><b>TRAVEL</b>   | Transaction ID : <b>SB17.I187</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FARMER'S CO-OP - HINTON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 26 / 2013</b> |
| Mailing Address <b>105 E. MAIN ST.</b>  |  | Amount of Each Disbursement this Period<br><b>82.56</b>         |
| City<br><b>HINTON</b>   | State<br><b>IA</b>   |   |
| Zip Code<br><b>51024</b>  | Purpose of Disbursement<br><b>TRAVEL</b>   | Transaction ID : <b>SB17.I188</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GOOGLE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 03 / 2013</b> |
| Mailing Address <b>1600 AMPHITHEATER PARKWAY</b>  |  | Amount of Each Disbursement this Period<br><b>60.00</b>         |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |   |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES</b>  | Transaction ID : <b>SB17.I190</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>225.55</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013594



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 81 OF 98 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GOOGLE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 04 / 2013 |
| Mailing Address <b>1600 AMPHITHEATER PARKWAY</b>  |  | Amount of Each Disbursement this Period<br>67.25         |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>FUNDRAISING EXPENSE</b>  | Transaction ID : <b>SB17.I191</b>                        |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GOOGLE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 03 / 2013 |
| Mailing Address <b>1600 AMPHITHEATER PARKWAY</b>  |  | Amount of Each Disbursement this Period<br>95.83         |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES</b>  | Transaction ID : <b>SB17.I192</b>                        |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HEIDMAN LAW FIRM</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 11 / 2013 |
| Mailing Address <b>1128 4TH ST.</b>   |  | Amount of Each Disbursement this Period<br>648.00        |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>   |  |
| Zip Code<br><b>51101</b>  | Purpose of Disbursement<br><b>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES</b>  | Transaction ID : <b>SB17.I194</b>                        |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 811.08 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

14020013595

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

|   |  |   |  |
|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 82 OF 98   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. IOWA GOP</b>   |  | Date of Disbursement<br>10 / 16 / 2013            |
| Mailing Address 621 E. 9TH ST.  |  | Amount of Each Disbursement this Period<br>600.00 |
| City<br>DES MOINES  | State<br>IA  |   |
| Zip Code<br>50309   | Purpose of Disbursement<br>CAMPAIGN EVENT EXPENSES   | Transaction ID : SB17.I206                        |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHNSTON CONSULTING INC</b>  |  | Date of Disbursement<br>10 / 30 / 2013             |
| Mailing Address 99 STATE ST.  |  | Amount of Each Disbursement this Period<br>1000.00 |
| City<br>MONTPELIER  | State<br>VT  |  |
| Zip Code<br>05602   | Purpose of Disbursement<br>FUNDRAISING EXPENSE   | Transaction ID : SB17.I207                         |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHNSTON CONSULTING INC</b>  |  | Date of Disbursement<br>11 / 14 / 2013             |
| Mailing Address 99 STATE ST.  |  | Amount of Each Disbursement this Period<br>1000.00 |
| City<br>MONTPELIER  | State<br>VT  |  |
| Zip Code<br>05602   | Purpose of Disbursement<br>FUNDRAISING EXPENSE   | Transaction ID : SB17.I208                         |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|  |         |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....      | 2600.00 |
| TOTAL This Period (last page this line number only)..... |         |

14020013596

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 83 OF 98 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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NAME OF COMMITTEE (In Full)  
lowans for Sam Clovis

Full Name (Last, First, Middle Initial)  
**A. JOHNSTON CONSULTING INC**

Mailing Address 99 STATE ST.

City MONTPELIER State VT Zip Code 05602

Purpose of Disbursement FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I209

Full Name (Last, First, Middle Initial)  
**B. JOHNSTON CONSULTING INC**

Mailing Address 99 STATE ST.

City MONTPELIER State VT Zip Code 05602

Purpose of Disbursement FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 2721.88

Transaction ID : SB17.I305

Full Name (Last, First, Middle Initial)  
**C. MAIL HOUSE**

Mailing Address 1805 4TH ST.

City SIOUX CITY State IA Zip Code 51101

Purpose of Disbursement FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 23 / 2013

Amount of Each Disbursement this Period: 685.74

Transaction ID : SB17.I215

**SUBTOTAL** of Disbursements This Page (optional)..... 4407.62

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

14020013597

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 84 OF 98                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MAIL HOUSE</b>   |  | Date of Disbursement  |
| Mailing Address 1805 4TH ST.  |  | <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/> |
| City  | State  | Zip Code  |
| SIOUX CITY  | IA   | 51101   |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="685.74"/>                        |
| Candidate Name  | Category/Type  | Transaction ID : SB17.I216  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MAIL HOUSE</b>   |  | Date of Disbursement  |
| Mailing Address 1805 4TH ST.  |  | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City  | State  | Zip Code  |
| SIOUX CITY  | IA   | 51101   |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="729.57"/>                        |
| Candidate Name  | Category/Type  | Transaction ID : SB17.I303  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MAJORITY STRATEGIES</b>  |  | Date of Disbursement  |
| Mailing Address 135 PROFESSIONAL DR.  |  | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City  | State  | Zip Code  |
| PONTE VEDRA BEACH   | FL   | 32082   |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  | <input type="text"/>   | Amount of Each Disbursement this Period<br><input type="text" value="670.00"/>                        |
| Candidate Name  | Category/Type  | Transaction ID : SB17.I217  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|  |                                      |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional).....      | <input type="text" value="2085.31"/> |
| TOTAL This Period (last page this line number only)..... |                                      |

1420013598

**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 85 OF 98

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

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NAME OF COMMITTEE (in Full)  
**lowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MAJORITY STRATEGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 14 / 2013</b> |
| Mailing Address <b>135 PROFESSIONAL DR.</b>   |  | Amount of Each Disbursement this Period<br><b>1500.00</b>       |
| City<br><b>PONTE VEDRA BEACH</b>  | State<br><b>FL</b>   |   |
| Zip Code<br><b>32082</b>  | Purpose of Disbursement<br><b>FUNDRAISING EXPENSE</b>  | <b>Transaction ID : SB17.I218</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MAJORITY STRATEGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 04 / 2013</b> |
| Mailing Address <b>135 PROFESSIONAL DR.</b>   |  | Amount of Each Disbursement this Period<br><b>1000.00</b>       |
| City<br><b>PONTE VEDRA BEACH</b>  | State<br><b>FL</b>   |   |
| Zip Code<br><b>32082</b>  | Purpose of Disbursement<br><b>FUNDRAISING EXPENSE</b>  | <b>Transaction ID : SB17.I219</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MAJORITY STRATEGIES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 31 / 2013</b> |
| Mailing Address <b>135 PROFESSIONAL DR.<br/>SUITE 104</b>   |  | Amount of Each Disbursement this Period<br><b>2953.55</b>       |
| City<br><b>PONTE VEDRA BEACH</b>  | State<br><b>FL</b>   |   |
| Zip Code<br><b>32082-6277</b>   | Purpose of Disbursement<br><b>FUNDRAISING EXPENSE</b>  | <b>Transaction ID : SB17.I304</b>                               |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>5453.55</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

14020013599

**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)

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

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NAME OF COMMITTEE (in Full)  
lowans for Sam Clovis

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105-3716

Purpose of Disbursement  
TRANSACTION FEES

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

12 / 27 / 2013

Amount of Each Disbursement this Period

555.84

Transaction ID : SB17.I292

TRANSACTION FEES FOR ONLINE DONATIONS

**B. PIRYX**

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105-3716

Purpose of Disbursement  
TRANSACTION FEES

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

12 / 29 / 2013

Amount of Each Disbursement this Period

20.72

Transaction ID : SB17.I293

[MEMO ITEM]  
FUNDRAISING ONLINE TRANSACTION FEES

**C. PIRYX**

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105-3716

Purpose of Disbursement  
TRANSACTION FEES

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

12 / 31 / 2013

Amount of Each Disbursement this Period

162.07

Transaction ID : SB17.I302

[MEMO ITEM]

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

555.84

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

14020013600

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 87 OF 98                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
lowans for Sam Clovis

|   |   |   |       |          |            |      |       |   |      |         |
|---|---|---|-------|----------|------------|------|-------|---|------|---------|
| Full Name (Last, First, Middle Initial)   |   | Date of Disbursement  |       |          |            |      |       |   |      |         |
| A. POLITICAL EQUITY CONSULTING  |   | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>05</td> <td>2013</td> </tr> </table> |       | MM       | DD         | YYYY | 10    | 05  | 2013 |         |
| MM  | DD  | YYYY  |       |          |            |      |       |   |      |         |
| 10  | 05  | 2013  |       |          |            |      |       |   |      |         |
| Mailing Address 3213 DUKE ST.   |   | Amount of Each Disbursement this Period   |       |          |            |      |       |   |      |         |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table> |   | City  | State | Zip Code | ALEXANDRIA | VA   | 22314 | <table border="1"> <tr> <td>8888.38</td> </tr> </table> |      | 8888.38 |
| City  | State   | Zip Code  |       |          |            |      |       |   |      |         |
| ALEXANDRIA  | VA  | 22314   |       |          |            |      |       |   |      |         |
| 8888.38   |   |   |       |          |            |      |       |   |      |         |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  |   | Transaction ID : SB17.I222  |       |          |            |      |       |   |      |         |
| Candidate Name  |   | Category/Type   |       |          |            |      |       |   |      |         |
| Office Sought:  | Disbursement For:   |   |       |          |            |      |       |   |      |         |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |       |          |            |      |       |   |      |         |
| State: District:  |   |   |       |          |            |      |       |   |      |         |

|   |   |   |       |          |            |      |       |  |      |        |
|---|---|---|-------|----------|------------|------|-------|--|------|--------|
| Full Name (Last, First, Middle Initial)   |   | Date of Disbursement  |       |          |            |      |       |  |      |        |
| B. POLITICAL EQUITY CONSULTING  |   | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>11</td> <td>2013</td> </tr> </table> |       | MM       | DD         | YYYY | 10    | 11   | 2013 |        |
| MM  | DD  | YYYY  |       |          |            |      |       |  |      |        |
| 10  | 11  | 2013  |       |          |            |      |       |  |      |        |
| Mailing Address 3213 DUKE ST.   |   | Amount of Each Disbursement this Period   |       |          |            |      |       |  |      |        |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table> |   | City  | State | Zip Code | ALEXANDRIA | VA   | 22314 | <table border="1"> <tr> <td>580.00</td> </tr> </table> |      | 580.00 |
| City  | State   | Zip Code  |       |          |            |      |       |  |      |        |
| ALEXANDRIA  | VA  | 22314   |       |          |            |      |       |  |      |        |
| 580.00  |   |   |       |          |            |      |       |  |      |        |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  |   | Transaction ID : SB17.I223  |       |          |            |      |       |  |      |        |
| Candidate Name  |   | Category/Type   |       |          |            |      |       |  |      |        |
| Office Sought:  | Disbursement For:   |   |       |          |            |      |       |  |      |        |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |       |          |            |      |       |  |      |        |
| State: District:  |   |   |       |          |            |      |       |  |      |        |

|   |   |   |       |          |            |      |       |   |      |         |
|---|---|---|-------|----------|------------|------|-------|---|------|---------|
| Full Name (Last, First, Middle Initial)   |   | Date of Disbursement  |       |          |            |      |       |   |      |         |
| C. POLITICAL EQUITY CONSULTING  |   | <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>11</td> <td>14</td> <td>2013</td> </tr> </table> |       | MM       | DD         | YYYY | 11    | 14  | 2013 |         |
| MM  | DD  | YYYY  |       |          |            |      |       |   |      |         |
| 11  | 14  | 2013  |       |          |            |      |       |   |      |         |
| Mailing Address 3213 DUKE ST.   |   | Amount of Each Disbursement this Period   |       |          |            |      |       |   |      |         |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table> |   | City  | State | Zip Code | ALEXANDRIA | VA   | 22314 | <table border="1"> <tr> <td>2500.00</td> </tr> </table> |      | 2500.00 |
| City  | State   | Zip Code  |       |          |            |      |       |   |      |         |
| ALEXANDRIA  | VA  | 22314   |       |          |            |      |       |   |      |         |
| 2500.00   |   |   |       |          |            |      |       |   |      |         |
| Purpose of Disbursement<br>FUNDRAISING EXPENSE  |   | Transaction ID : SB17.I224  |       |          |            |      |       |   |      |         |
| Candidate Name  |   | Category/Type   |       |          |            |      |       |   |      |         |
| Office Sought:  | Disbursement For:   |   |       |          |            |      |       |   |      |         |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |       |          |            |      |       |   |      |         |
| State: District:  |   |   |       |          |            |      |       |   |      |         |

|  |          |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....      | 11968.38 |
| TOTAL This Period (last page this line number only)..... |          |

14020013601

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

Full Name (Last, First, Middle Initial)  
**A. POLK COUNTY REPUBLICAN PARTY**

Mailing Address **1228 8TH ST.  
SUITE 202**

City **WEST DES MOINES** State **IA** Zip Code **50265**

Purpose of Disbursement **CAMPAIGN EVENT EXPENSES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 06 / 2013**

Amount of Each Disbursement this Period: **400.00**

Transaction ID: **SB17.I269**

Full Name (Last, First, Middle Initial)  
**B. POWELL MARKETING**

Mailing Address **2000 INDIAN HILLS DR.**

City **SIOUX CITY** State **IA** Zip Code **51104**

Purpose of Disbursement **FUNDRAISING EXPENSE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 02 / 2013**

Amount of Each Disbursement this Period: **1330.00**

Transaction ID: **SB17.I225**

Full Name (Last, First, Middle Initial)  
**C. POWELL MARKETING**

Mailing Address **2000 INDIAN HILLS DR.**

City **SIOUX CITY** State **IA** Zip Code **51104**

Purpose of Disbursement **CAMPAIGN MATERIALS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 08 / 2013**

Amount of Each Disbursement this Period: **149.41**

Transaction ID: **SB17.I226**

**SUBTOTAL** of Disbursements This Page (optional) ..... **1879.41**

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

14020013602



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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RIGHTON STRATEGIES</b>  |   | Date of Disbursement  |
| Mailing Address <b>373 SOUTH WILLOW ST.</b>  |   | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2013"/> |
| City<br><b>MANCHESTER</b>  | State<br><b>NH</b>  | Zip Code<br><b>03103</b>  |
| Purpose of Disbursement<br><b>CONSULTING FEES</b>  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="6000.00"/>                       |
| Candidate Name   | Category/Type   | Transaction ID : <b>SB17.I230</b>   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RIGHTON STRATEGIES</b>  |   | Date of Disbursement  |
| Mailing Address <b>373 SOUTH WILLOW ST.</b>  |   | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2013"/> |
| City<br><b>MANCHESTER</b>  | State<br><b>NH</b>  | Zip Code<br><b>03103</b>  |
| Purpose of Disbursement<br><b>FUNDRAISING EXPENSE</b>  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="150.00"/>                        |
| Candidate Name   | Category/Type   | Transaction ID : <b>SB17.I231</b>   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RIGHTON STRATEGIES</b>  |   | Date of Disbursement  |
| Mailing Address <b>373 SOUTH WILLOW ST.</b>  |   | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2013"/> |
| City<br><b>MANCHESTER</b>  | State<br><b>NH</b>  | Zip Code<br><b>03103</b>  |
| Purpose of Disbursement<br><b>CONSULTING FEES</b>  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="4000.00"/>                       |
| Candidate Name   | Category/Type   | Transaction ID : <b>SB17.I232</b>   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|   |                                       |
|---|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <input type="text" value="10150.00"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text"/>                  |

14020013603

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 90 OF 98 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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NAME OF COMMITTEE (In Full)  
**lowans for Sam Clovis**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RIGHTON STRATEGIES</b>  |   | Date of Disbursement<br>10 / 23 / 2013   |
| Mailing Address 373 SOUTH WILLOW ST.   |   | Amount of Each Disbursement this Period<br>1163.60<br>Transaction ID : SB17.I233 |
| City<br>MANCHESTER   | State<br>NH   |  |
| Zip Code<br>03103  | Purpose of Disbursement<br>CONSULTING FEES  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RIGHTON STRATEGIES</b>  |   | Date of Disbursement<br>12 / 03 / 2013   |
| Mailing Address 373 SOUTH WILLOW ST.   |   | Amount of Each Disbursement this Period<br>2000.00<br>Transaction ID : SB17.I234 |
| City<br>MANCHESTER   | State<br>NH   |  |
| Zip Code<br>03103  | Purpose of Disbursement<br>CONSULTING FEES  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SAM'S CLUB - SIOUX CITY, IA</b>   |   | Date of Disbursement<br>10 / 01 / 2013  |
| Mailing Address 4201 S. YORK ST.   |   | Amount of Each Disbursement this Period<br>160.44<br>Transaction ID : SB17.I235 |
| City<br>SIOUX CITY   | State<br>IA   |   |
| Zip Code<br>51106  | Purpose of Disbursement<br>FURNITURE PURCHASE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |         |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....      | 3324.04 |
| TOTAL This Period (last page this line number only)..... |         |

14020013604

**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)

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SAM'S CLUB - SIOUX CITY, IA</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 17 / 2013</b>                               |
| Mailing Address <b>4201 S. YORK ST.</b>  |   | Amount of Each Disbursement this Period<br><b>202.23</b><br>Transaction ID : <b>SB17.I236</b> |
| City<br><b>SIOUX CITY</b>  | State<br><b>IA</b>  |   |
| Zip Code<br><b>51106</b>   | Purpose of Disbursement<br><b>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SECURITY NATIONAL BANK</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 05 / 2013</b>                              |
| Mailing Address <b>6TH &amp; PIERCE ST.</b>  |   | Amount of Each Disbursement this Period<br><b>40.00</b><br>Transaction ID : <b>SB17.I237</b> |
| City<br><b>SIOUX CITY</b>  | State<br><b>IA</b>  |  |
| Zip Code<br><b>51101</b>   | Purpose of Disbursement<br><b>TRAVEL</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SECURITY NATIONAL BANK</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 05 / 2013</b>                             |
| Mailing Address <b>6TH &amp; PIERCE ST.</b>  |   | Amount of Each Disbursement this Period<br><b>8.00</b><br>Transaction ID : <b>SB17.I238</b> |
| City<br><b>SIOUX CITY</b>  | State<br><b>IA</b>  |   |
| Zip Code<br><b>51101</b>   | Purpose of Disbursement<br><b>TRAVEL</b>  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>250.23</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

14020013605

**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)

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

Full Name (Last, First, Middle Initial)

**A. SECURITY NATIONAL BANK**

Mailing Address 6TH & PIERCE ST.

City State Zip Code  
SIOUX CITY IA 51101

Purpose of Disbursement  
ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2013

Amount of Each Disbursement this Period

1.50

Transaction ID : SB17.I239

Full Name (Last, First, Middle Initial)

**B. SECURITY NATIONAL BANK**

Mailing Address 6TH & PIERCE ST.

City State Zip Code  
SIOUX CITY IA 51101

Purpose of Disbursement  
ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2013

Amount of Each Disbursement this Period

1.50

Transaction ID : SB17.I240

Full Name (Last, First, Middle Initial)

**C. SECURITY NATIONAL BANK**

Mailing Address 6TH & PIERCE ST.

City State Zip Code  
SIOUX CITY IA 51101

Purpose of Disbursement  
ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Amount of Each Disbursement this Period

1.50

Transaction ID : SB17.I241

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

4.50

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

14020013606

**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 93 OF 98

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SECURITY NATIONAL BANK</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 19 / 2013 |
| Mailing Address 6TH & PIERCE ST.  |  | Amount of Each Disbursement this Period<br>2.50          |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES   | Transaction ID : SB17.I242                               |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SECURITY NATIONAL BANK</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 19 / 2013 |
| Mailing Address 6TH & PIERCE ST.  |  | Amount of Each Disbursement this Period<br>100.00        |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>TRAVEL  | Transaction ID : SB17.I243                               |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SECURITY NATIONAL BANK</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 29 / 2013 |
| Mailing Address 6TH & PIERCE ST.  |  | Amount of Each Disbursement this Period<br>1.50          |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>ADMINISTRATIVE/SALARY/OVERHEAD EXPENSES   | Transaction ID : SB17.I244                               |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|  |        |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....      | 104.00 |
| TOTAL This Period (last page this line number only)..... |        |

14020013607

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 94 OF 98                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

Full Name (Last, First, Middle Initial)  
**A. SECURITY NATIONAL BANK**

Mailing Address **6TH & PIERCE ST.**

City **SIOUX CITY** State **IA** Zip Code **51101**

Purpose of Disbursement  
**TRAVEL EXPENSES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 05 / 2013**

Amount of Each Disbursement this Period  
**100.00**

Transaction ID : **SB17.I245**

Category/Type

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

Mailing Address **5001 SERGEANT RD.**

City **SIOUX CITY** State **IA** Zip Code **51106**

Purpose of Disbursement  
**CAMPAIGN MATERIALS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**10 / 07 / 2013**

Amount of Each Disbursement this Period  
**53.24**

Transaction ID : **SB17.I249**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. STAPLES**

Mailing Address **5001 SERGEANT RD.**

City **SIOUX CITY** State **IA** Zip Code **51106**

Purpose of Disbursement  
**EQUIPMENT PURCHASE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**10 / 18 / 2013**

Amount of Each Disbursement this Period  
**114.40**

Transaction ID : **SB17.I250**

Category/Type

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

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

**267.64**

14020013608

**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 95 OF 98

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

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NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. STAPLES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>11 / 26 / 2013</b> |
| Mailing Address <b>5001 SERGEANT RD.</b>  |  | Amount of Each Disbursement this Period<br><b>80.06</b>         |
| City<br><b>SIOUX CITY</b>   | State<br><b>IA</b>   |   |
| Zip Code<br><b>51106</b>  | Purpose of Disbursement<br><b>CAMPAIGN MATERIALS</b>   | Transaction ID : <b>SB17.I251</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. STONEY CREEK INN - DES MOINES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 28 / 2013</b> |
| Mailing Address <b>5291 STONEY CREEK CT.</b>  |  | Amount of Each Disbursement this Period<br><b>327.04</b>        |
| City<br><b>JOHNSTON</b>   | State<br><b>IA</b>   |   |
| Zip Code<br><b>50131</b>  | Purpose of Disbursement<br><b>TRAVEL</b>   | Transaction ID : <b>SB17.I253</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. STRATEGY RESOURCES</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>10 / 02 / 2013</b> |
| Mailing Address <b>500 RIVERVIEW DR.</b>  |  | Amount of Each Disbursement this Period<br><b>5000.00</b>       |
| City<br><b>ROCKFORD</b>   | State<br><b>IA</b>   |   |
| Zip Code<br><b>50468</b>  | Purpose of Disbursement<br><b>CONSULTING FEES</b>  | Transaction ID : <b>SB17.I254</b>                               |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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

**5407.10**

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

14020013609

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

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

FOR LINE NUMBER: PAGE 96 OF 98  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

**A. STRATEGY RESOURCES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 RIVERVIEW DR.

City ROCKFORD State IA Zip Code 50468

Purpose of Disbursement CONSULTING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB17.1255

Category/Type

**B. STRATEGY RESOURCES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 RIVERVIEW DR.

City ROCKFORD State IA Zip Code 50468

Purpose of Disbursement CONSULTING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB17.1256

Category/Type

**C. US POSTAL SERVICE - SIOUX CITY**

Full Name (Last, First, Middle Initial)

Mailing Address 215 JACKSON ST.

City SIOUX CITY State IA Zip Code 51101

Purpose of Disbursement FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 25.55

Transaction ID: SB17.1261

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 10025.55

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

14020013610



**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)

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

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NAME OF COMMITTEE (In Full)  
Iowans for Sam Clovis

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US POSTAL SERVICE - SIOUX CITY</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 10 / 2013 |
| Mailing Address 215 JACKSON ST.   |  | Amount of Each Disbursement this Period<br>368.00        |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>FUNDRAISING EXPENSE   | Transaction ID : SB17.1262                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US POSTAL SERVICE - SIOUX CITY</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 16 / 2013 |
| Mailing Address 215 JACKSON ST.   |  | Amount of Each Disbursement this Period<br>8.72          |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>FUNDRAISING EXPENSE   | Transaction ID : SB17.1263                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US POSTAL SERVICE - SIOUX CITY</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 07 / 2013 |
| Mailing Address 215 JACKSON ST.   |  | Amount of Each Disbursement this Period<br>64.00         |
| City<br>SIOUX CITY  | State<br>IA  |  |
| Zip Code<br>51101   | Purpose of Disbursement<br>FUNDRAISING EXPENSE   | Transaction ID : SB17.1264                               |
| Candidate Name  | Category/<br>Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 440.72   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 81501.94 |

14020013611

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Iowans for Sam Clovis**

|  |                                    |  |
|--|------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Political Equity Consulting</b> |                                    | Nature of Debt (Purpose):<br><b>Fundraising Services</b>       |
| Mailing Address <b>3213 Duke St.<br/>#685</b>  |                                    |  |
| City <b>Alexandria</b>   | State <b>VA</b>                    | Zip Code <b>22314</b>  |
| Outstanding Balance Beginning This Period<br><b>0.00</b>   |                                    | Transaction ID : <b>99993</b>                                  |
| Amount Incurred This Period<br><b>10978.00</b>   | Payment This Period<br><b>0.00</b> | Outstanding Balance at Close of This Period<br><b>10978.00</b> |

|  |                     |   |
|--|---------------------|---|
| B. 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 |

|  |                     |   |
|--|---------------------|---|
| 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) SUBTOTALS This Period This Page (optional) .....                                       | <b>10978.00</b> |
| 2) TOTALS This Period (last page this line number only) .....                             | <b>10978.00</b> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....                         | <b>0.00</b>     |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <b>10978.00</b> |

14020013612

14020013613

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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\* Domestic oi



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and International Use

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WASHINGTON, DC 20013-7578

Label 226, January 2008

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BY THE SENATE  
ETHICS OFFICE**

EP14F July 2013  
OD: 12.5 x 9.5

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51106  
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AMOUNT  
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1006

20013

1/16  
1/31

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark **1-14-14**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:  
SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

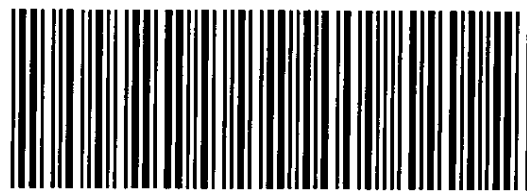
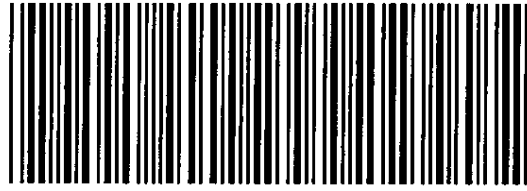
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **1-16-14**

14020013614



14020013615