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STATEMENT OF ORGANIZATION

FORM 1	OR	JANIZA	ATION		
1. NAME OF COMMITTEE (in fu		ck if name anged)	Example:If typing, type over the lines.	12FE4M	Office Use Only
Iowa Values					
ADDRESS (number and	street) 706 Pierce St				
(Check if add is changed)	Sioux City				51101 ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS				
 (Check if add is changed) 	Iress info@ioway	values.org			
	Optional Seco	ond E-Mail Add	ress		
COMMITTEE'S WEB P/ (Check if add is changed)		ies.com			
2. DATE 07	/ D D / Y Y 29 202				
3. FEC IDENTIFICAT		C co	0565846		
4. IS THIS STATEME	NT NEW (N)	OR	× AMENDED (A)	
I certify that I have exa	mined this Statement a	nd to the best	of my knowledge and belie	ef it is true, correc	ot and complete.
Type or Print Name of	Treasurer Laor, Eytan, ,	1 3			
Signature of Treasurer	Laor, Eytan, , ,		[Electronically Filed]	Date 0	7 29 2020
NOTE: Submission of fals			nay subject the person signi DN SHOULD BE REPORTE		to the penalties of 2 U.S.C. §437g. S.
Office Use Only			For further information Federal Election Comm Toll Free 800-424-953(Local 202-694-1100	nission	FEC FORM 1 (Revised 06/2012)

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FEC	C Form 1 (Revised 02/2009)	Page 2
TYPE C	DF COMMITTEE	
Candi	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)	plete the candidate
Name o Candida		
Candida Party Af		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	(National, State	Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number C	
3	3 FEC ID number C	
2	4 FEC ID number C	

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Write or Type Committee Name

Iowa Values

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N																																							
	Mailing Address					L																																	
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						L																									_		<u> </u>			-L			
														CI	ΓY											S	TAT	E					Z	IP (со	DE			
	Relationship:	C	Con	ine	cte	d O	rga	iniz	atic	n		Aff	iliat	ed	Cor	nm	itte	е		Jo	oint	Fui	ndra	aisi	ng I	Rep	ores	sen	tati	ve		Le	ead	ers	hip	PA	'C S	por	nsor
ν.	Custodian of R	leco	ord	s: I	dei	ntify	y by	y na	ame	e, a	ndd	res	s (p	hor	ne i	nun	nbe	er -	- 0	ptic	ona	l) a	ind	ро	sitic	n (of t	he	per	sor	ı in	рс	sse	essi	ion	of	con	nmi	ttee

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Laor,	Eytan, , ,
Full Name	
	20533 Biscayne Blvd.
Mailing Address	
	Miami FL 33180
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Laor, Eytan, , ,
Mailing Address	20533 Biscayne Blvd.
	Miami
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 563 265 5355

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Full Name of Designated Agent					1					1	I				I												
Mailing Address																											
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						(СІТ	Y									STA	ΤE				ZII	PC	COD	۶E		
Title or Position																											
												Tele	eph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells	Fargo		
Mailing Address	420 Montgomery Street		
	San Francisco		4104
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE