

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND</b>		3. FEC Identification Number <b>C</b> C90013897
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 FOREST AVENUE		
(c) City, State and ZIP Code DES MOINES IA 50311		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

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

5. COVERING PERIOD:

FROM 

M M M	/	D D D	/	Y Y Y Y Y Y
01		01		2016

THROUGH 

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

6. TOTAL CONTRIBUTIONS.....	18486.66
7. TOTAL INDEPENDENT EXPENDITURES .....	19116.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

Matthew Covington

Matthew Covington

04/14/2016

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

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

<b>A.</b> Full Name (Last, First, Middle Initial) National Nurses United for Patient Protection			Date of Receipt
Mailing Address 888 16th St NW Ste. 640			MM / DD / YYYY 02 / 10 / 2016
City Washington	State DC	Zip Code 20006	<b>Transaction ID : F56.000001</b>
FEC ID number of contributing federal political committee. C C00490375			Amount of Each Receipt this Period 18486.66
Name of Employer		Occupation	

<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

<b>D.</b> Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	18486.66
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	18486.66

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 1533.99	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000001
Purpose of Expenditure staff time, voter contact, mileage, food for volunteers	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1533.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Emily Harmon		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 658.45	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000002
Purpose of Expenditure staff time and voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2192.44		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Bridget Fagan-Reidburn		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 1591.75	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000003
Purpose of Expenditure staff time, mileage, food for voter contact, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3784.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3784.19
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Nathan Malachowski		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 1155.92	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000004
Purpose of Expenditure staff time, mileage, food, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4940.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Katie Bryan		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 507.75	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000005
Purpose of Expenditure staff time and voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5447.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Adam Mason		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 1090.13	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000006
Purpose of Expenditure staff time; voter contact, database work	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6537.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2753.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Hugh Espey		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 2984.04	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000007
Purpose of Expenditure staff time, mileage, voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9522.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Elizabeth Blind		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 99.00	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000008
Purpose of Expenditure voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9621.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Melissa Grooters		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 9.72	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000009
Purpose of Expenditure voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9630.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3092.76
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Sharon Zanders Ackiss		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 19.46	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000010	

Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 153.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000011	

Full Name (Last, First, Middle Initial) of Payee Jessica Mazour		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 125.45	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.000012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	297.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Emily Schott		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 36.00	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000013
Purpose of Expenditure voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9964.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Aaron Jorgensen-Briggs		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2001 Forest Ave		Amount 45.00	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000014
Purpose of Expenditure data entry	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10009.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Michael Patz		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2200 EP True Pkwy		Amount 180.00	
City West Des Moines	State IA	Zip Code 50265	Transaction ID : F57.000015
Purpose of Expenditure data entry and voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10189.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	261.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee John Noble		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 1218 23rd St		Amount 198.75	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000016
Purpose of Expenditure data entry and voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10388.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Residence Inn		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2681 James St		Amount 144.48	
City Coralville	State IA	Zip Code 52241	Transaction ID : F57.000017
Purpose of Expenditure lodging for canvasser	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10532.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Harris Pizza		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 524 E Locust		Amount 164.64	
City Davenport	State IA	Zip Code 52803	Transaction ID : F57.000018
Purpose of Expenditure food for canvassers	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10697.53		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	507.87
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Devotay		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 117 N Linn St		Amount 50.81	
City Iowa City	State IA	Zip Code 52245	Transaction ID : F57.000019
Purpose of Expenditure food for canvassers	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10748.34		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Robert A Lee Community Center		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 220 S Gilbert St		Amount 160.00	
City Iowa City	State IA	Zip Code 52240	Transaction ID : F57.000020
Purpose of Expenditure room rental for voter contact activities	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10908.34		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee US Post Office		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 2323 Forest Ave		Amount 6.56	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000021
Purpose of Expenditure mailing of voter engagement materials	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10914.90		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	217.37
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee US Postmaster		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 1165 2nd Ave		Amount 523.20	
City Des Moines	State IA	Zip Code 50309	Transaction ID : F57.000022
Purpose of Expenditure mailing for voter engagement	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11438.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee EveryAction		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 1101 15th St NW Suite 500		Amount 6000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : F57.000023
Purpose of Expenditure access to SmartVAN for voter contact	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17438.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Saddle Burr Productions Inc.		Date of Public Distribution/Dissemination 01 / 13 / 2016	
Mailing Address 81 San Marcos Street		Amount 1616.20	
City Austin	State TX	Zip Code 78702	Transaction ID : F57.000024
Purpose of Expenditure travel, lodging and fringe for guest speaker Jim Hightower	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19054.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8139.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Hugh Espey		Date of Public Distribution/Dissemination 03 / 24 / 2016	
Mailing Address 2001 Forest Ave		Amount 53.13	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000025
Purpose of Expenditure letter to the editor on candidate Patty Judge	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Patty Judge		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Emily Harmon		Date of Public Distribution/Dissemination 03 / 24 / 2016	
Mailing Address 2001 Forest Ave		Amount 9.15	
City Des Moines	State IA	Zip Code 50311	Transaction ID : F57.000026
Purpose of Expenditure help with writing/placing letter to the editor	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Patty Judge		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 62.28		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	62.28
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	19116.58