

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Young for Iowa, Inc.

ADDRESS (number and street) PO Box 162
 Check if different than previously reported. (ACC) Van Meter IA 50261-0162

2. **FEC IDENTIFICATION NUMBER** ▼ C C00545616 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) STATE ▼ DISTRICT
IA 03

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer Keith Wilhite

Signature of Treasurer Keith Wilhite [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 08 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Young for Iowa, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	28750.00	37250.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28750.00	35250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9047.78	73439.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9047.78	73439.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29764.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	295000.00	

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)

Write or Type Committee Name

Young for Iowa, Inc.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5250.00	6750.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	5250.00	6750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23500.00	30500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28750.00	37250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28750.00	37250.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9047.78	73439.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9047.78	75439.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10061.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28750.00
25. SUBTOTAL (add Line 23 and Line 24).....	38811.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9047.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29764.21

**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 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
Craig Robert Schoenfeld

Mailing Address 2527 NW 162nd St

City Clive State IA Zip Code 50325-4611

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

Name of Employer Whitaker Strategy Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : A8940930D0265467CA6E

Amount of Each Receipt this Period
500.00
 2014 P Debt

B. Full Name (Last, First, Middle Initial)
Van Hipp, Jr

Mailing Address 809 N. Quaker Lane

City Alexandria State VA Zip Code 22302-3416

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

Name of Employer American Defense International Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : AA49CE8C5396B40EC938

Amount of Each Receipt this Period
1000.00
 2014 P DEBT

C. Full Name (Last, First, Middle Initial)
Sara Lynn Eide

Mailing Address 329 43rd St

City Des Moines State IA Zip Code 50312-2531

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

Name of Employer Mercy Health Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : A87B7A27980884ED8BB0

Amount of Each Receipt this Period
500.00
 2014 P Debt

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

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

2000.00

**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 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
Marshall A Brachman

Mailing Address 634 A St NE

City Washington State DC Zip Code 20002-6030

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

Name of Employer Self Employed Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : A26DB29B99768438BA85

Amount of Each Receipt this Period
1000.00

2014 P Debt

B. Full Name (Last, First, Middle Initial)
Kraig M. Siracuse

Mailing Address 2201 Woodmont Rd

City Alexandria State VA Zip Code 22307-1157

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

Name of Employer Park Strategies, LLC Occupation Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : A6387543BA26E4919890

Amount of Each Receipt this Period
250.00

2014 P Debt

C. Full Name (Last, First, Middle Initial)
Elisabet M. Mondello

Mailing Address 2707 S Grove St

City Arlington State VA Zip Code 22202-2423

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

Name of Employer Mondello Group Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : AB357B65026924B12AF9

Amount of Each Receipt this Period
500.00

2014 P Debt

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

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

1750.00

**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 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
Jeffery M. Walter

Mailing Address PO Box 7061

City: Alexandria State: VA Zip Code: 22307-0061

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

Name of Employer: Capitol Counsel LLC Occupation: President

Receipt For: 2014
 Primary General
 Other (specify) Convention2014

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2014

Transaction ID : A0265DB7F8E7D43AAA4F

Amount of Each Receipt this Period: 1000.00

2014 C Debt

B. Full Name (Last, First, Middle Initial)
Lee O. Carosi

Mailing Address 519 S Lee St

City: Alexandria State: VA Zip Code: 22314-3817

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

Name of Employer: Google Occupation: Doctor

Receipt For: 2014
 Primary General
 Other (specify) Convention2014

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2014

Transaction ID : AE00C3BEEB34C4B88AA1

Amount of Each Receipt this Period: 250.00

2014 C Debt

C. Full Name (Last, First, Middle Initial)
Mark Robert Disler

Mailing Address 6414 Needle Leaf Dr

City: Rockville State: MD Zip Code: 20852-4150

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

Name of Employer: Prime Policy Group Occupation: Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2014

Transaction ID : A99126201E8B04814B27

Amount of Each Receipt this Period: 250.00

2014 P Debt

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

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

1500.00

5250.00

**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 23
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. National Cable and Telecommunications Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Massachusetts Ave NW #100
 City Washington State DC Zip Code 20001-1434
 FEC ID number of contributing federal political committee. **C C00010082**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) Convention2014
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014
Transaction ID : A18EE0C29AA094FC3B3B
 Amount of Each Receipt this Period
 2000.00
 2014 Convention Debt

B. International Paper PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Pennsylvania Avenue NW, Ste 2
 City Washington State DC Zip Code 20004-2514
 FEC ID number of contributing federal political committee. **C C00034405**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2014
Transaction ID : A3286C8D667F441C7B64
 Amount of Each Receipt this Period
 1000.00
 2014 PRIMARY Debt

C. National Beer Wholesalers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 King Street, Ste 600
 City Alexandria State VA Zip Code 22314-2965
 FEC ID number of contributing federal political committee. **C C00144766**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014
Transaction ID : AA4F3EB3711274A5DAA5
 Amount of Each Receipt this Period
 2500.00
 2014-P Debt

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

5500.00

**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 9 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
DaVita HealthCare Partners, Inc. PAC

Mailing Address 32275 32nd Ave S

City State Zip Code
Federal Way WA 98001-9616

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : A302DF77B2C29483F97B

Amount of Each Receipt this Period
1500.00

2014 Primary Debt

B. Full Name (Last, First, Middle Initial)
The Boeing Company PAC

Mailing Address 929 Long Bridge Drive

City State Zip Code
Arlington VA 22202-4208

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : A5E5E56D798614ED9879

Amount of Each Receipt this Period
5000.00

2014 PRIMARY Debt

C. Full Name (Last, First, Middle Initial)
Alliant Energy Corporation Employees PAC

Mailing Address 801 Pennsylvania Ave. NW Suite 640

City State Zip Code
Washington DC 20004-2693

FEC ID number of contributing federal political committee. **C C00132092**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2014

Transaction ID : A4F174C5C4D5F4D8EA19

Amount of Each Receipt this Period
1000.00

2014 Primary Debt

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

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

7500.00

**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 10 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Holland & Knight Committee for Effective Government

Full Name (Last, First, Middle Initial)
Mailing Address 800 17th St. NW Suite 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 22 / 2014

Transaction ID : AAFB21BDB5DC34E27821

Amount of Each Receipt this Period
 1000.00

2014 Primary Debt

B. Rockwell Collins Employee PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1300 Wilson Blvd, Ste. 200

City Arlington State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C C00365684**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : A3DD032729AFD40BBA3F

Amount of Each Receipt this Period
 1000.00

2014-C Debt

C. General Electric PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1299 Pennsylvania Ave. Suite 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00492223**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : A1DDBA91B323F4D3283C

Amount of Each Receipt this Period
 1000.00

2014 Primary Debt

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

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

3000.00

**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 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
NAT'L GRAIN & FEED ASSOCIATION'S FUND FOR BETTER GOV'T COMMITTEE

Mailing Address 1250 EYE STREET SUITE 1003, WASHIN

City Washington State DC Zip Code 20005-3939

FEC ID number of contributing federal political committee. **C** C00240226

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2014

Transaction ID : AF74B45861A6B4B02863

Amount of Each Receipt this Period
 1000.00
 2014 Convention Debt

B. Full Name (Last, First, Middle Initial)
American Gas Association PAC

Mailing Address 400 N. Capitol St. NW

City Washington State DC Zip Code 20001-1511

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : ADC0ADBC251E94898B93

Amount of Each Receipt this Period
 1000.00
 2014 P Debt

C. Full Name (Last, First, Middle Initial)
Williams and Jensen, PLLC PAC

Mailing Address 701 8th St, NW, Ste 500

City Washington State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00039206

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2014

Transaction ID : AC97931C537904BC0817

Amount of Each Receipt this Period
 500.00
 2014 P Debt

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

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

2500.00

**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 12 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
Raytheon Political Action Committee

Mailing Address 1100 Wilson Boulevard Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : A985EED2FA06C46C68AC

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

23500.00

**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 13 OF 23		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Full Name (Last, First, Middle Initial) A. Stephen Pyle & Associates			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 3716 Ingersoll Ste D			Amount of Each Disbursement this Period 500.00 Transaction ID : B898D3049EBCE4036AF1
City Des Moines	State IA	Zip Code 50312-3440	
Purpose of Disbursement official office rent		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Josie Beecher			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 810 J Ave			Amount of Each Disbursement this Period 450.70 Transaction ID : B82EAC52BEE0C4BAF848
City Vinton	State IA	Zip Code 52349-1029	
Purpose of Disbursement travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Whitaker, Hagenow, & Gustoff			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 400 E Court Ave			Amount of Each Disbursement this Period 1185.00 Transaction ID : B2941F66AAF5B48D1B30
City Des Moines	State IA	Zip Code 50309-2017	
Purpose of Disbursement legal services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2135.70
TOTAL This Period (last page this line number only).....	

**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 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Full Name (Last, First, Middle Initial) A. i360		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO Box 37046		Amount of Each Disbursement this Period 510.20 Transaction ID : B0E59FD96EFD2463D8EC
City Baltimore	State MD	
Zip Code 21297-3046	Purpose of Disbursement list services	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 2079.21 Transaction ID : BC271C8ABE8D0423087C
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Stephanie Crowley		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address PO Box 8151		Amount of Each Disbursement this Period 1415.05 Transaction ID : BE5B3756E258344A08FD [MEMO ITEM]
City Des Moines	State IA	
Zip Code 50301-8151	Purpose of Disbursement salary	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2589.41
TOTAL This Period (last page this line number only).....	

**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 15 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Full Name (Last, First, Middle Initial) A. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 664.16 Transaction ID : B06474C6DD2EB47DD880
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll services and taxes	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 2079.18 Transaction ID : B79CE001A405141099E4
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Stephanie Crowley		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address PO Box 8151		Amount of Each Disbursement this Period 1415.06 Transaction ID : B33E73E662ED3437E8F3
City Des Moines	State IA	
Zip Code 50301-8151	Purpose of Disbursement salary	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2079.18
TOTAL This Period (last page this line number only).....	

**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 16 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Full Name (Last, First, Middle Initial) A. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 664.12 Transaction ID : B85420EEC2FF148A0B0A
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll services and taxes	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 2079.19 Transaction ID : BAA35730CF0B24DAA8C6
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 664.14 Transaction ID : B16E43AB278854344AFD
City West Des Moines	State IA	
Zip Code 50266-1312	Purpose of Disbursement payroll services and taxes	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2079.19
TOTAL This Period (last page this line number only).....	

**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 17 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Full Name (Last, First, Middle Initial) A. Stephanie Crowley			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address PO Box 8151			Amount of Each Disbursement this Period 1415.05
City Des Moines	State IA	Zip Code 50301-8151	
Purpose of Disbursement salary		Category/ Type	Transaction ID : B7AD2F75D56C14520AE2
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)		[MEMO ITEM]
State: District:			

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	8883.48

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : C4EA732247CDF4C279FA

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

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 0.00 50000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 30 / Y 2013 M M / D D / Y None 5.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Young for Iowa, Inc.** Transaction ID : **CA6B1596F4D3D445D976**

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

Mailing Address PO Box 123
 City Van Meter State IA ZIP Code 50261-0123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS
 Date Incurred: M 05 / D 29 / Y 2014
 Date Due: M / D / Y None
 Interest Rate: 5.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 75000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : C7CF1240EA02945E3AB1

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

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 24 / Y 2014 M M / D D / Y None 5.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : CBF8172762E53416FBB8

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

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
25000.00 0.00 25000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 16 / Y 2014 M M / D D / Y None 5.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 25000.00
TOTALS This Period (last page in this line only)..... ▶ 250000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stephanie Crowley	Nature of Debt (Purpose): Success Fee
Mailing Address PO Box 8151	
City State Zip Code Des Moines IA 50301-8151	

Outstanding Balance Beginning This Period 10000.00	Transaction ID : D80654349B06A4247AC5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory J Crowley	Nature of Debt (Purpose): Success Fee
Mailing Address 1400 S 52nd St Unit 19	
City State Zip Code West Des Moines IA 50265-5260	

Outstanding Balance Beginning This Period 25000.00	Transaction ID : DC5969CA861E4449785D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Katie Maloy	Nature of Debt (Purpose): Fundraising Fee
Mailing Address 1516 Rocky Ridge Road	
City State Zip Code Cedar Falls IA 50613-8296	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : D51F0FA3C367F4992B43	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) SUBTOTALS This Period This Page (optional)	40000.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Matthew Michael Horihan		Nature of Debt (Purpose): Primary Bonus
Mailing Address 2416 Olive St Apt 1 APT 818		
City State	Zip Code	
Cedar Falls IA	50613-3774	

Outstanding Balance Beginning This Period		Transaction ID : DDD2887E759E24570B21	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

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)	5000.00
2) TOTALS This Period (last page this line number only)	45000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	250000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	295000.00