



IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND

HAND DELIVERED

RECEIVED
FEC MAIL CENTER

2001 Forest Avenue
Des Moines, IA 50311
ph 515.282.0484
fx 515.283.0031
www.cciaction.org

2015 APR 20 AM 10:37

4/20/15

Federal Election Commission
Attn: Ben Holly
999 E Street NW
Washington, DC 20463

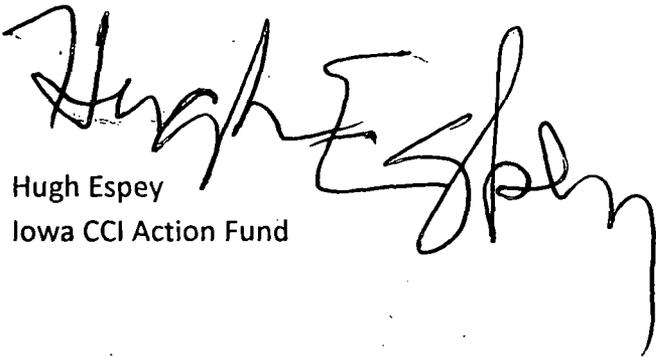
Identification number: C90013897

Ben,

Regarding the two items you identify in your letter sent to Iowa Citizens for Community Improvement Action Fund dated April 9, 2015 pertaining to our October Quarterly report:

1. There were no contributions disclosed on Line 6 of the report because no contributions were received to further the independent expenditures, that was money that Iowa CCI Action Fund already had on hand.
2. Find attached to this letter our amended quarterly report that includes the state (Iowa) of the federal candidates supported by the expenditure.

Thank you for your help in this process, and do let us know should you have any further questions.



Hugh Espey
Iowa CCI Action Fund

FEC FORM 5

HAND DELIVERED

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

FEDERAL ELECTION COMMISSION
DISCLOSURE DIVISION

2015 APR 20 AM 11:44

1. (a) Name of Individual, Organization or Corporation
Iowa Citizens for Community Improvement Action Fund

(b) Address (number and street) 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)

3. FEC Identification Number
C 90013897

1505011420768

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 10/15/2014

5. COVERING PERIOD:
FROM 09/10/2014
THROUGH 09/30/2014

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES 14,026.66

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

Hugh Espey

Hugh Espey 4-14-15

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-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 2,270.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2,270.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 474.50	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2,744.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 290.62	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,035.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3,035.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

LHON 142091

**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 Carrie Fisher		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 294.97
City Des Moines	State IA	
Zip Code 50311		

Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,330.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Michael Patz		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 215.86
City Des Moines	State IA	
Zip Code 50311		

Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,545.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee L C Printing		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 401 SW 8th Street		Amount 1,450.61
City Des Moines	State IA	
Zip Code 50309		

Purpose of Expenditure Door hangers/Palm cards	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4,996.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,961.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

FROM FINANCIAL REPORT

**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 Cellular		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address Dept. 0205		Amount 628.44	
City Palatine	State IL	Zip Code 60055	
Purpose of Expenditure iPad minis, data plan for canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,625.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Gateway Market		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2002 Woodland Avenue		Amount 154.95	
City Des Moines	State IA	Zip Code 50312	
Purpose of Expenditure food for canvassers	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,779.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Office Max		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2700 Ingersoll Avenue		Amount 65.16	
City Des Moines	State IA	Zip Code 50312	
Purpose of Expenditure canvassing supplies	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,845.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	848.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

FROM ITEM 10000

**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 Karla Bromwell		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 107.02	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,952.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 70.07	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,022.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 119.45	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,141.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

FROM FINANCIAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	296.54
(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 09 10 2014
Mailing Address 2001 Forest Avenue	Amount
City State Zip Code Des Moines IA 50311	501.21

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	6,642.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Bridget Fagan	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount
City State Zip Code Des Moines IA 50311	80.83

Purpose of Expenditure canvassing, material development	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: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	6,723.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Emily Harmon	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount
City State Zip Code Des Moines IA 50311	30.56

Purpose of Expenditure Canvassing	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: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	6,754.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	612.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

FROM FINANCIAL REPORT

**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 Adam Mason		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 405.64
City Des Moines	State IA	
Zip Code 50311		

Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,159.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle, Initial) of Payee Jess Mazour		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 47.16
City Des Moines	State IA	
Zip Code 50311		

Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,207.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle, Initial) of Payee Natalie Snyders		Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue		Amount 111.10
City Des Moines	State IA	
Zip Code 50311		

Purpose of Expenditure Canvassing; advertisement development	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,318.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	563.90
(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 09 10 2014
Mailing Address 2001 Forest Avenue	Amount 46.70
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,364.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Katie Bryan	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount 192.67
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,557.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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: <u>IA</u> 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.....	239.37
(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 Josh Journey Heinz		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 2,270.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2,270.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 564.50	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2,834.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 290.63	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,125.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3,125.13
(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 Karla Bromwell	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount 15.28
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,950.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Madeline Cano	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount 70.07
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,020.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Matthew Covington	Date of Public Distribution/Dissemination 09 10 2014
Mailing Address 2001 Forest Avenue	Amount 19.91
City State Zip Code Des Moines IA 50311	

Purpose of Expenditure Canvassing	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6,040.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	105.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

HAND IN BY 12/11/2014

**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

09 10 2014

Mailing Address

2001 Forest Avenue

Amount

City State Zip Code
Des Moines IA 50311

59.47

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought: House State: IA
 Senate District: 3
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Staci Appel

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6,099.87

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Bridget Fagan

Date of Public Distribution/Dissemination

09 10 2014

Mailing Address

2001 Forest Avenue

Amount

City State Zip Code
Des Moines IA 50311

80.82

Purpose of Expenditure
canvassing, material development

Category/
Type

Office Sought: House State: IA
 Senate District: 3
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Staci Appel

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6,180.69

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

09 10 2014

Mailing Address

2001 Forest Avenue

Amount

City State Zip Code
Des Moines IA 50311

30.56

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought: House State: IA
 Senate District: 3
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Staci Appel

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6,211.25

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 170.85

(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 Adam Mason		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	73.13
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,284.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Jess Mazour		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	47.16
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,331.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Natalie Snyders		Date of Public Distribution/Dissemination 0 9 1 0 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	90.90
Purpose of Expenditure Canvassing; advertisement development	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,422.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 211.19

(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 Sharon Zanders-Ackiss		Date of Public Distribution/Dissemination 09 10 2014	
Mailing Address 2001 Forest Avenue		Amount 46.70	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>3</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought: 6,469.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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) _____	

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.....	46.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14,026.66

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