PAGE 1 / 11

Image# 201507319000544954

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Au		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
IOWA PRIORITIES			
<u> </u>			
ADDRESS (number and street)	PO BOX 100072		
Check if different			
than previously reported. (ACC)	ARLINGTON		VA 22201
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00569251		S THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3) Jun 20	(Non-Election Year Only)
April 15 Quarterly Report (0	01)	7 20 (M4) Jul 20	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floor	on on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	on on	in the State of
5. Covering Period 01	01 2015		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best o	f my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	r ADAM SCHAEFFER		
Signature of Treasurer ADA	M SCHAEFFER	[Electronically Filed]	Date 07 / 31 / 2015
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person sig	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **IOWA PRIORITIES** 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 50.00 January 1, 2015 (b) Cash on Hand at 50.00 Beginning of Reporting Period..... 3591.95 3591.95 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3641.95 3641.95 6(a) and 6(c) for Column B)..... 1830.45 1830.45 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1811.50 1811.50 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 2351.37 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) 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 3X (Rev. 06/2004)

Write or Type Committee Name

IOWA PRIORITIES

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		0504.05
(i) Itemized (use Schedule A)	3591.95	3591.95
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	0.00	
Lines 11(a)(i) and (ii)▶	3591.95	3591.95
4) 5 5 5 6 6 5 5	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Totals to Line 33, page 5)	3591.95	3591.95
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
7 III	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		7 7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3591.95	3591.95
Total Cadaval Dagainte		
. Total Federal Receipts	2504.05	2504.05
(subtract Line 18(c) from Line 19)▶	3591.95	3591.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal		
`	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
,	Expenditures	1830.45	1830.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1830.45	1830.45
2. T	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	ederal Candidates/Committees	0.00	0.00
	and Other Political Committeesndependent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
5. C	Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
6. L	oan Repayments Made	0.00	0.00
7. L	oans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
`	(add Lines 28(a), (b), and (c))▶	0.00	0.00
.9. C	Other Disbursements	0.00	0.00
80. F	Federal Election Activity (2 U.S.C. §431(20))		
	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	3.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
,	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	≥e3 00(a)(i), 00(a)(ii) and 00(b)) ▶	7	
1. T	otal Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1830.45	1830.45
2. T	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
	rom Line 31)	1830.45	1830.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3591.95	3591.95
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3591.95	3591.95
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1830.45	1830.45
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1830.45	1830.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	FOR LINE NUMBER:			PAGE	-	6	OF	11	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) IOWA PRIORITIES	,	
Full Name (Last, First, Middle Initial) ADAM SCHAEFFER Mailing Address PO BOX 100072		Date of Receipt
		01 30 / 2015
City ARLINGTON	State Zip Code VA 22201	Transaction ID : SA11AI.4126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Evolving Strategies Receipt For: Primary General Other (specify) ▼	Occupation Business Owner Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) ADAM SCHAEFFER Mailing Address PO BOX 100072		Date of Receipt
City ARLINGTON FEC ID number of contributing federal political committee.	State Zip Code VA 22201	03 24 2015 Transaction ID: SA11AI.4127 Amount of Each Receipt this Period 1591.95
Name of Employer Evolving Strategies Receipt For: Primary General Other (specify) ▼	Occupation Business Owner Aggregate Year-to-Date ▼ 3591.95	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Lacif necespt this Fellou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	3591.95
TOTAL This Period (last page this line number	<u> </u>	3591.95

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 11				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon orii)				
	Detailed Summary Page	X 21b 27	22 28a	23 24 25 26 28b 28c 29 30b		
Anniete and Out						
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
OWA PRIORITIES						
Full Name (Last, First, Middle Initial)						
A. Gober Hilgers PLLC	Date of Di	sbursement / Y Y Y Y Y				
Mailing Address 1005 Congress Ave			02	13 2015		
Ste 350 City	State Zip Code					
Austin	TX 78701		Transact	ion ID : SB21B.4123		
Purpose of Disbursement Legal and Compliance Services			A	Facts District and this Davied		
Candidate Name			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type		350.00		
Office Sought: House Disburse	ement For:					
Senate	Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) B. Gober Hilders PLLC:			Date of Di	sbursement		
B. Gober Hilgers PLLC			M M /			
Mailing Address 1005 Congress Ave Ste 350			02	13 2015		
City	State Zip Code		Transact	tion ID : SB21B.4128		
Austin Purpose of Disbursement	TX 78701					
Legal and Compliance Services		Amount of	Each Disbursement this Period			
Candidate Name	Category/		1234.45			
Office Sought: House Disburse	ement For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
C. Gober Hilgers PLLC			Date of Di	sbursement		
Mailian Adduses 1005 O			M M /	D D / Y Y Y Y Y		
Mailing Address 1005 Congress Ave Ste 350			02	13 2015		
City	State Zip Code		Transact	tion ID : SB21B.4129		
Austin Purpose of Disbursement	TX 78701					
Legal and Compliance Services			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type	7 61	17.50		
Office Sought: House Disburse	ement For:	71.1		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
				1601.95		
SUBTOTAL of Disbursements This Page (optional)		·····•		1001.93		
TOTAL This Period (last page this line number only	<i>(</i>)					
I	, ,					

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 committies to solicit contributions from such committee. NAME OF Commercial purposes, other than using the name and address of any political committies to solicit contributions from such committee. NAME OF Committee (in Fig. 1) NAME OF Commi	SCHEDULE B (FEC Form 3X)	Hoo concrete och adula/-\	FOR LINE NUMBER: PAGE 8 OF 11			
Detailed Summary Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	1 ` ′			
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 COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Name (Last, First, Middle Initial) Nation						
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) IOWA PRIORITIES Full Name (Last, First, Middle Initial) Golber Hilgers PLLC Mailing Address 1005 Congress Ave Ste 350 City State Zip Code Aussin TX 78701 Transaction ID: SB21B.4124 Amount of Each Disbursement this Period Category' Type Office Sought: House State City State Zip Code Primary General President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Category' Office Sought: Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Category' Type Office Sought: Full Name (Last, First, Middle Initial) Category' Type Office Sought: Full Name (Last, First, Middle Initial) Category' Type Office Sought: State Disbursement Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: State State Disbursement Category' Type Office Sought: State Sta	Any information conicd from such Departs and China	onto mou not be cald as				
NAME OF COMMITTEE (in Full) IOWA PRIORITIES Full Name (Last, First, Middle Initial) Gober Hilgers PLLC Mailing Address 1005 Congress Ave Ste 350 City State Zip Code TX 78701 Purpose of Disbursement Candidate Name Category/ Type General Primary General Category/ Type Office Sought: House Senate Primary General Candidate Name Candidate Name Category/ Type State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Candidate Name Category/ Type Office Sought: House Senate Primary General Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Senate Other (specify) ▼ State: District: Senate Other (specify) ▼ State: District: Senate Disbursement Init Primary General Other (specify) ▼ State: District: Senate Disbursement This Page (optional)						
Full Name (Last, First, Middle Initial) A Gober Hilgers PLLC Mailing Address 1005 Congress Ave Six 350 City State TX 78701 Purpose of Disbursement Candidate Name City State District Full Name (Last, First, Middle Initial) Amount of Each Disbursement Cardegory City State District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category City State District Category Condidate Name Category City State District Category City State District Category Category City State District Category City State District Category City State District Category City State District Category Category City State District Category State City State District Category		A b				
A Gober Hilgers PLLC Mailing Address 1005 Congress Ave Ste 360 City State Zip Code TX 78701 Purpose of Disbursement Candidate Name City State Zip Code TX 78701 Candidate Name Catogory/ Office Sought: House President District: Purpose of Disbursement Candidate Name City State Zip Code TX 78701 Transaction ID : S8218.4124 Amount of Each Disbursement this Period Separate Tor: Sonate Primary General Primary Category/ Office Sought: House Senate Primary General Prim						
A Gober Hilgers PLLC Mailing Address 1005 Congress Ave State Zip Code TX 78701 City State Zip Code TX 78701 Candidate Name Candidate Name Category/ Office Sought: House Primary General Primary General Primage of Disbursement Candidate Name City State Zip Code President District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Office Sought: House Senate Primary General						
Mailing Address 1005 Congress Ave State Zip Code Austin TX 78701 Purpose of Disbursement Candidate Name City Senate President Other (specify) ▼ State Zip Code TX 78701 Transaction ID : S821B.4124 Amount of Each Disbursement this Period Category/ Type S2.50 Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Category/ Type Office Sought: House Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary G	_					
Mailing Address 1005 Congress Ave Ste 350 City State TX 78701 City State TX 78701 Transaction ID: SB21B.4124 Amount of Each Disbursement this Period Candidate Name Category' Type Sonate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type State District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Category' Type Disbursement Candidate Name Category' Office Sought: President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Disbursement Category' Type Category' Type Category' Type Amount of Each Disbursement this Period Category' Type Category' Type Amount of Each Disbursement this Period Category' Type Category Type Category Type Category Type Category Type Category Type Type Type Type Type Type T	^{A.} Gober Hilgers PLLC			Date of Di	isbursement	
Site 350 City Austin TX 78701 Purpose of Disbursement Candidate Name Category/ Office Sought: House Primary General Prupose of Disbursement Candidate Name Category/ Type Transaction ID: SB21B.4124 Amount of Each Disbursement this Period Category/ Type Senate President Other (specify) ▼ State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Disbursement Candidate Name Category/ Type Disbursement Category/ Type Disbursement State: Disrict: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Disbursement Disbur	Mailing Address 1995 Q					
City State Zip Code TX 78701 Transaction ID : SB21B.4124 Amount of Each Disbursement this Period Category' Type Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Date of Disbursement this Period Category' Type Date of Disbursement Candidate Name Category' Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Date of Disbursement this Period Category' Type				05	2015	
Austin TX 78701 Purpose of Disbursement Candidate Name Category/ Type Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Disbursement For: Senate President Category/ Type Office Sought: House President Category/ Type Office Sought: House President Category/ Type Office Sought: House President Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Disbursement Category/ Type Office Sought: Primary General Other (specify) ▼ State State Disbursement Category/ Type Office Sought: House Senate President Other (specify) ▼ State State: Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal of Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal of Disbursement this Period		State Zip Code		_		
Candidate Name Category/ Type Office Sought:	-			Transact	tion ID : SB21B.4124	
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: Senate Primary General Other (specify) ▼ State: District: District: Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Senate Primary General Other (specify) ▼ State: Disbursement This Page (optional)	Purpose of Disbursement					
Office Sought:			L []	Amount of	Each Disbursement this Period	
Office Sought: House President For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: District: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: General President District: Senate President Other (specify) ▼ State: District: District: Primary General President Disbursement For: Senate President Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement Disbursement For: Disbursement For: Disbursement Disbursement Disbursement For: Disbursement Disbursement For: Disbursement Disburs	Candidate Name				52.50	
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: President Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: District: Dis	000				52.30	
State: District: Other (specify) Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name Category/ Office Sought: House President Primary General Disbursement State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category/ Office Sought: Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General Primary General Primary General Disbursement For: Disbursemen						
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary Other (specify) Table of Disbursement this Period Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Prim						
Amount of Each Disbursement Candidate Name City State Disbursement Candidate Name Disbursement President State: District: City State Disbursement Candidate Name Category/ Type Disbursement Category/ Type Disbursement Disbursement For: Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement this Period Category/ Type Date of Disbursement Date of Disbur		Outer (Specify)				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrate: District: Senate Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ Substrate: District: Senate Primary General Other (specify) ▼						
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substract Substract Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	B.			Date of Di	isbursement	
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursement For: Senate Primary General Other (specify) ▼ State: District:				M M /		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substitute Amount of Each Disbursement this Period Amount of Each Disbursement this Period	Mailing Address					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substitute Amount of Each Disbursement this Period Amount of Each Disbursement this Period						
Candidate Name Category/ Type	City	State Zip Code				
Candidate Name Category/ Type	Purpose of Disbursement					
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional)				Amount of	Each Disbursement this Period	
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substract State: District: Substract State: District: Type State: District: Type Amount of Each Disbursement this Period State: District: State: District: State: District: State: District: Substract State: District: State: District	Candidate Name		Category/	1.1		
Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional)						
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	Office Sought: House Disburser	nent For:				
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Primary General President President State: District: Subtrotal of Disbursements This Page (optional)		,				
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Subtotal of Disbursements This Page (optional)		Other (specify)				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Date of Disbursement Amount of Each Disbursement this Period Category/ Type Senate Primary General Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtotal of Disbursements This Page (optional)	,			Date of Di	ichurcamant	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	. .					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substitute Substitute State Sta	Mailing Address			M = M /	, J = J / Y = Y = Y = Y	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substruct: Senate Other (specify) State: Disbursements This Page (optional)						
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	City	State Zip Code				
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Purpose of Dishursement					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	r dipose of bisbursement			Amount of	Food Dishursoment this Davied	
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name	Category	AITIOUTIL OF	Lacii Dispuisement this Period		
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)			Type			
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursem	nent For:				
State: District: SUBTOTAL of Disbursements This Page (optional)						
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼				
30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State: District:					
30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)					E0 E0	
1654 45	SUBTOTAL of Disbursements This Page (optional)		·············· >		52.50	
	TOTAL This David Management 19				1654.45	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

OF

11

NAME OF COMMITTEE (In Full) **IOWA PRIORITIES** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Voter Phone Banks **Evolving Strategies** Mailing Address 3125 1st Pl. N. State Zip Code Arlington 22201 Transaction ID: SD10.4105 Outstanding Balance Beginning This Period 2663.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2316.37 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address 1005 Congress Ave Ste 350 City State Zip Code Austin 78701 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4116 1234.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1234.45 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address 1005 Congress Ave Ste 350 Zip Code City State 78701 Austin TX Transaction ID: SD10.4118 Outstanding Balance Beginning This Period 17.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 17.50 0.00 0.00 2316.37 1) SUBTOTALS This Period This Page (optional)..... 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 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

10 OF

NAME OF COMMITTEE (In Full) **IOWA PRIORITIES** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Compliance Services Gober Hilgers PLLC Mailing Address 1005 Congress Ave Ste 350 City State Zip Code Austin 78701 Transaction ID: SD10.4130 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 35.00 35.00 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 35.00 1) SUBTOTALS This Period This Page (optional)..... 2351.37 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 2351.37 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SD10 Transaction ID: SD10.4130

portion of 350 debt; all payments from PAC funds/no transfers

Form/Schedule: Transaction ID: