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Image# 201601319005050955

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Th	an An Authorize	ed Committe	e			
		<u> </u>				Office Use Only	
1. NAME OF T COMMITTEE (in full)	YPE OR PRIN		kample: If typin ver the lines.	g, type	12FE4M5		
IOWA PRIORITIES							1
	PO BOX 1000	72					
ADDRESS (number and street)	. 9 5 5 7 1 5 5 6						
Check if different than previously reported. (ACC)	ARLINGTON				VA L	22201	-
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦
C C00569251		3. IS THIS REPOR		EW N) OR	× AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M:	2) N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M	3) J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M	1) J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15	(C) 12-	Day E -Election	Primary (12P)		General ((12G)	Runoff (12R)
Quarterly Report (Q2) October 15	2)	port for the:	Convention (1	2C)	Special (12S)	
Quarterly Report (Q3 January 31		Election on	M M /	D D /	Y	in the State o	of _
Year-End Report (YE July 31 Mid-Year	(d) 30-l						
Report (Non-election Year Only) (MY)		ST-Election X	General (30G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	11	04	2014	in the State o	of
5. Covering Period 10 01 2014 through 11 24 2014							
I certify that I have examined this	Report and to	o the best of my kn	owledge and b	elief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	ADAM SCHA	EFFER					
Signature of Treasurer ADAM	SCHAEFFER		[Electronically	Filed] D	ate 01	/ 31 /	2016
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
Office						FEC FOR	M 3X
Use Only						Rev. 12/2	

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** 10 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 397.46 50.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50.00 397.46 6(a) and 6(c) for Column B)..... 0.00 347.46 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 50.00 50.00 (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 3550.82 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:	Total Tills Terlou	Calendar Tear-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	50.00	397.46
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	50.00	397.46
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	7	0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	50.00	397.46
Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(1) 1	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	7	0.00
Total Pagainta (add Lines 11/d)		
Total Receipts (add Lines 11(d),	50.00	397.46
12, 13, 14, 15, 16, 17, and 18(c))▶	50.00	397.40
Total Federal Receipts		
	50.00	

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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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)	50.00	397.46	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50.00	397.46	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F3XA
Transaction ID:

Report is amended due to an amendment to the 2014 Oct Quarterly report (filed contemporaneously with this amendment) which affect the aggregate year to date totals in Column B of the Summary Page and the Detailed Summary Page. All other information as originally reported remains unchanged.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

for each category of the 12 Detailed Summary Page 14 13 15 16 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) **IOWA PRIORITIES** Full Name (Last, First, Middle Initial) Evolving Strategies Date of Receipt Mailing Address 3125 1st Pl. N. 2014 10 16 City Zip Code State Transaction ID: SA11AI.4113 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 397.46 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... 50.00 TOTAL This Period (last page this line number only).....

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8
FOR LINE NUMBER: (check only one)

	9
X	10

OF

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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 2316.37 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 PO Box 341016 City State Zip Code Austin 78734 TX Outstanding Balance Beginning This Period Transaction ID: SD10.4116 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1234.45 0.00 1234.45 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 Amount Incurred This Period Outstanding Balance at Close of This Period 3550.82 1) SUBTOTALS This Period This Page (optional)..... 3550.82 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 3550.82 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶