



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**lowans for Shaw Inc. dba lowans for Shaw**

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

	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))....	13434.25	336608.27
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13434.25	336608.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3256.74	369471.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	349.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3256.74	369122.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

lowans for Shaw Inc. dba lowans for Shaw

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="4790.00"/>	<input type="text" value="251312.21"/>	<input type="text" value="1500.00"/>
(ii) Unitemized		
<input type="text" value="1300.00"/>	<input type="text" value="35641.00"/>	<input type="text" value="325.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="6090.00"/>	<input type="text" value="286953.21"/>	<input type="text" value="1825.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="7344.25"/>	<input type="text" value="44530.75"/>	<input type="text" value="6344.25"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	5124.31	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
13434.25	336608.27	8169.25
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	40000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	40000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	349.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
13434.25	376957.27	8169.25

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

lowans for Shaw Inc. dba lowans for Shaw

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="3256.74"/>	<input type="text" value="369471.58"/>	<input type="text" value="3199.74"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="12455.20"/>	<input type="text" value="0.00"/>	<input type="text" value="12455.20"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="12455.20"/>	<input type="text" value="0.00"/>	<input type="text" value="12455.20"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 24

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

15711.94	369471.58	15654.94
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

13434.25	336608.27	8169.25
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

3256.74	369122.58	3199.74
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2277.69
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	13434.25
25. SUBTOTAL (add Line 23 and Line 24).....	15711.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15711.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

**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 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Duane Acker**

Mailing Address 66344 Troublesome Creek Rd.

City Atlantic State IA Zip Code 50022-8334

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

Name of Employer self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6149**

Amount of Each Receipt this Period  
**100.00**  
 debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Erwin O Aust**

Mailing Address 19 Mayridge

City Shenandoah State IA Zip Code 51601-2233

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**840.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.6165**

Amount of Each Receipt this Period  
**40.00**  
 debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Robert Benton**

Mailing Address 1204 280th Avenue

City Tabor State IA Zip Code 51653

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.6142**

Amount of Each Receipt this Period  
**100.00**  
 debt retirement

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

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

**240.00**

**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 8 OF 24
	<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)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Carl S Bleyl**

Mailing Address 450 Regency Parkway

City Omaha State NE Zip Code 68114-3764

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

Name of Employer Green Plains Renewable Energy, Inc. Occupation EVP, Ethanol

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.6170**

Amount of Each Receipt this Period  
800.00  
debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Steven Boal**

Mailing Address 3301 SW Timber Green Road

City Ankeny State IA Zip Code 50023-9217

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

Name of Employer DEE ZEE MANUFACTURING Occupation Comptroller

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.6146**

Amount of Each Receipt this Period  
200.00  
debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Cheryl Castile**

Mailing Address PO Box 512 200 Se 7th

City Panora State IA Zip Code 50216

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

Name of Employer Panora Telco Occupation Office

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
320.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.6177**

Amount of Each Receipt this Period  
100.00  
debt retirement

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

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

800.00

**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 24
	<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)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Elaine Christensen**

Mailing Address 2233 290th St

City State Zip Code  
Blanchard IA 51630-4004

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**400.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : SA11AI.6162**

Amount of Each Receipt this Period  
**100.00**  
debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Elliott R Curzon**

Mailing Address 6425 Princeton Drive

City State Zip Code  
Alexandria VA 22307-1348

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

Name of Employer Occupation  
Dechert LLP Lawyer/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : SA11AI.6187**

Amount of Each Receipt this Period  
**500.00**  
debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Corby Fichter**

Mailing Address 1600 Maple Street

City State Zip Code  
Shenandoah IA 51601-2137

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**350.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11AI.6171**

Amount of Each Receipt this Period  
**100.00**  
debt retirement

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

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

**700.00**

**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 24
	<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)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Daryl J Haack**

Mailing Address 5985 390th Street

City State Zip Code  
Primghar IA 51245-7452

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

Name of Employer Occupation  
D & A Haack Farms Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**450.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11AI.6141**

Amount of Each Receipt this Period  
**100.00**  
debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Wayne B Hoovestol**

Mailing Address 222 S 15th Street #1302

City State Zip Code  
Omaha NE 68102-1680

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

Name of Employer Occupation  
Lone Mountain Truck LEasing Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 03 / 2014**

**Transaction ID : SA11AI.6148**

Amount of Each Receipt this Period  
**500.00**  
debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Gail Hopkins**

Mailing Address 302 Allen St.

City State Zip Code  
Bayard IA 50029

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

Name of Employer Occupation  
NA NA

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11AI.6145**

Amount of Each Receipt this Period  
**100.00**  
debt retirement

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

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

**700.00**

**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 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Hurburgh**

Mailing Address 2519 Meadow Glen Rd

City Ames State IA Zip Code 50014

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

Name of Employer ISU Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : SA11AI.6178**

Amount of Each Receipt this Period  
 250.00  
 debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Randy Hustedt**

Mailing Address 6043 110th St.

City Galva State IA Zip Code 51020-8510

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

Name of Employer self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.6163**

Amount of Each Receipt this Period  
 100.00  
 debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Verdell Johnson**

Mailing Address PO Box 233 991 490th street

City Cleghorn State IA Zip Code 51014

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6156**

Amount of Each Receipt this Period  
 250.00  
 debt retirement

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

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

600.00

**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 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**John R. Kidd**

Mailing Address 24 Applewood

City State Zip Code  
Shenandoah IA 51601-2701

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.6169**

Amount of Each Receipt this Period  
100.00  
debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Grant R Kimberley**

Mailing Address 308 NE Georgetown Blvd

City State Zip Code  
Ankeny IA 50021-5305

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

Name of Employer Occupation  
IA Soybean Assoc. Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.6137**

Amount of Each Receipt this Period  
100.00  
debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Martha Kimberley**

Mailing Address 12787 NE 112th St

City State Zip Code  
Maxwell IA 50161-4202

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.6138**

Amount of Each Receipt this Period  
200.00  
debt retirement

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

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

400.00

**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 13 OF 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Dick Koberg**

Mailing Address 4653 Panorama Drive

City: Panora State: IA Zip Code: 50216-8634

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

Name of Employer: DICA Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: **600.00**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : SA11AI.6144**

Amount of Each Receipt this Period: **100.00**

debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**W.E. Lloyd**

Mailing Address 53 West Ridge Drive

City: Shenandoah State: IA Zip Code: 51601-2162

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

Name of Employer: Self Employed Occupation: Manufacturing

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: **500.00**

Date of Receipt: 11 / 20 / 2014

**Transaction ID : SA11AI.6181**

Amount of Each Receipt this Period: **500.00**

debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Charles Martin**

Mailing Address 1465 220th St

City: Shenandoah State: IA Zip Code: 51601-4562

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

Name of Employer: Self Employed Occupation: Farm

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: **1100.00**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : SA11AI.6136**

Amount of Each Receipt this Period: **100.00**

debt retirement

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

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

**700.00**

**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 14 OF 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Madeline Meyer**

Mailing Address 1854 280th Street

City State Zip Code  
Odebolt IA 51458

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

Name of Employer Occupation  
NA NA

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.6157**

Amount of Each Receipt this Period  
 100.00  
 debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Susan Sanders**

Mailing Address 33390 Waterberry Cir

City State Zip Code  
Waukee IA 50263-7011

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

Name of Employer Occupation  
self Real Estate Agent, affiliated with Kel

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.6164**

Amount of Each Receipt this Period  
 100.00  
 debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Holly Schwarck**

Mailing Address 4670 Dancer Ave

City State Zip Code  
Saint Ansgar IA 50472-8505

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

Name of Employer Occupation  
self Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 20 / 2014

**Transaction ID : SA11AI.6180**

Amount of Each Receipt this Period  
 250.00  
 debt retirement

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

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

**450.00**

**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 15 OF 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Dean Taylor**

Mailing Address 202 W McMurray St.

City State Zip Code  
Prairie City IA 50228

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

Name of Employer self Occupation farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11AI.6173**

Amount of Each Receipt this Period  
**100.00**  
 debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**James Wendl**

Mailing Address 2811 Hwy 44

City State Zip Code  
Panora IA 50216

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

Name of Employer AGRISERV, INC. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : SA11AI.6161**

Amount of Each Receipt this Period  
**100.00**  
 debt retirement

**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).....

**200.00**

**4790.00**

**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 16 OF 24
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**Absolute Energy PAC**

Mailing Address 1372 State Line road

City Saint Ansgar State IA Zip Code 50472-8806

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : SA11C.6185**

Amount of Each Receipt this Period  
 1000.00  
 debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**Golden Grain Energy PAC**

Mailing Address 1822 43rd St SW

City Mason City State IA Zip Code 50401-7071

FEC ID number of contributing federal political committee. **C C00414490**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11C.6152**

Amount of Each Receipt this Period  
 1000.00  
 debt retirement

**C.** Full Name (Last, First, Middle Initial)  
**Quad County Corn Processors PAC**

Mailing Address 6059 159th St.

City Galva State IA Zip Code 51020-8563

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : SA11C.6183**

Amount of Each Receipt this Period  
 344.25  
 debt retirement

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

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

2344.25

**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 17 OF 24
	<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)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

**A.** Full Name (Last, First, Middle Initial)  
**The Hawkeye PAC**

Mailing Address **PO Box 192**

City **Des Moines** State **IA** Zip Code **50301**

FEC ID number of contributing federal political committee. **C C00379479**

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 / 29 / 2014**

**Transaction ID : SA11C.6188**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**  
 debt retirement

**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**

\_\_\_\_\_ **7344.25**

**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 18 OF 24	
	<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)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>5555 Hilton Ave Ste 106</b>		Amount of Each Disbursement this Period <b>57.00</b>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70808-2597</b>	Purpose of Disbursement <b>credit card fee</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6131</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Allison Meyers</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2014</b>
Mailing Address <b>204 27th Avenue N</b>		Amount of Each Disbursement this Period <b>202.98</b>
City <b>Saint Petersburg</b> State <b>FL</b> Zip Code <b>33704</b>	Purpose of Disbursement <b>expenses</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6130</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Montgomery Shaw</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2014</b>
Mailing Address <b>4315 timberwood drive</b>		Amount of Each Disbursement this Period <b>2704.34</b>
City <b>West Des Moines</b> State <b>IA</b> Zip Code <b>50265-5379</b>	Purpose of Disbursement <b>expenses</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6135</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: <b>IA</b> District: <b>03</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2964.32</b>
<b>TOTAL</b> 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 19 OF 24	
	<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)  
**Iowans for Shaw Inc. dba Iowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Victory Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2014</b>
Mailing Address <b>5200 30th St SW # 7</b>		Amount of Each Disbursement this Period <b>285.00</b>
City <b>Davenport</b> State <b>IA</b> Zip Code <b>52802-3039</b>	Purpose of Disbursement <b>web services</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6127</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	

Full Name (Last, First, Middle Initial) <b>B.</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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3249.32</b>

**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 20 OF 24	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**lowans for Shaw Inc. dba lowans for Shaw**

Full Name (Last, First, Middle Initial) <b>A. Montgomery Shaw</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2014</b>
Mailing Address 4315 timberwood drive		Amount of Each Disbursement this Period <b>10000.00</b> <b>Transaction ID : SB19A.6190</b>
City West Des Moines State IA Zip Code 50265-5379	Purpose of Disbursement debt retirement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Montgomery Shaw</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2014</b>
Mailing Address 4315 timberwood drive		Amount of Each Disbursement this Period <b>2455.20</b> <b>Transaction ID : SB19A.6191</b>
City West Des Moines State IA Zip Code 50265-5379	Purpose of Disbursement debt retirement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>C.</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	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12455.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>12455.20</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **lowans for Shaw Inc. dba lowans for Shaw** Transaction ID : **SC/10.5970**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Montgomery Shaw</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4315 timberwood drive	

City	State	ZIP Code
West Des Moines	IA	50265-5379

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	2455.20	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 27 / Y 2014	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> 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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5970

(Current loan amount of 27544.80 from a balance of 27544.80 has been forgiven)

Form/Schedule:

Transaction ID:

**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)

Transaction ID : SC/10.6125

lowans for Shaw Inc. dba lowans for Shaw

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

Montgomery Shaw

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4315 timberwood drive

City State ZIP Code  
West Des Moines IA 50265-5379

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10000.00 10000.00 0.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 30 / 2014 M M / D D / Y None 0.00 % (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)..... 0.00  
**TOTALS** This Period (last page in this line only)..... 0.00

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)

**lowans for Shaw Inc. dba lowans for Shaw**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Montgomery Shaw</b>		Nature of Debt (Purpose): travel and event expenses
Mailing Address 4315 timberwood drive		
City State	Zip Code	
West Des Moines	IA 50265-5379	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6085</b>	
2704.34		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2704.34	0.00

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	