



Iowa  
Citizens for  
Community  
Improvement

Action Fund

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

# FAX COVER SHEET

Date: 10.22.2012 Number of pages (including cover): 4

Being sent to: \_\_\_\_\_

Organization: Federal Election Commission

Fax Phone: 202.219.0174

Being sent by: Hugh Espey, Executive Director

**Message or special instructions:**

Please contact me at 515.255.0800 or hugh@iowaccci.org  
with any questions or with additional filing information.

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>Iowa Citizens for Community Improvement Action Fund</b>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>2001 Forest Avenue</b>		
(c) City, State and ZIP Code <b>Des Moines, IA 50311</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

### 4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 24-Hour Report  
 January 31 Year-End Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

### 5. COVERING PERIOD: FROM

1 0 2 2 2 0 1 2  
 THROUGH  
 1 0 2 6 2 0 1 2

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

**7,707.50**

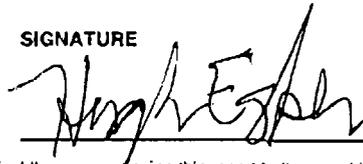
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Hugh Espey, Executive Director**



**10.22.2012**

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE	OF
FOR LINE 7 OF FORM 5	

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

Full Name (Last, First, Middle Initial) of Payee <b>Espey, Hugh S.</b>		Date <b>1 0 3 1 2 0 1 2</b>
Mailing Address <b>2001 Forest Avenue</b>		Amount <b>2 4.0 0</b>
City <b>Des Moines</b>	State <b>IA</b>	
Zip Code <b>50311</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <u>IA</u> <input type="checkbox"/> Senate District: <u>3</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Tom Latham</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2 4.0 0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Covington, Matthew A.</b>		Date <b>1 0 3 1 2 0 1 2</b>
Mailing Address <b>2001 Forest Avenue</b>		Amount <b>1 3.6 5</b>
City <b>Des Moines</b>	State <b>IA</b>	
Zip Code <b>50311</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <u>IA</u> <input type="checkbox"/> Senate District: <u>3</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Tom Latham</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1 3.6 5</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>LUC Media Group Inc</b>		Date <b>1 0 0 9 2 0 1 2</b>
Mailing Address <b>25 Whitlock Place #201</b>		Amount <b>2,6 0 0.0 0</b>
City <b>Marietta</b>	State <b>GA</b>	
Zip Code <b>30064</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <u>IA</u> <input type="checkbox"/> Senate District: <u>3</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Tom Latham</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,6 0 0.0 0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<b>2,6 3 7.6 5</b>
(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**

PAGE OF  
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee <b>Espey, Hugh S.</b>		Date <b>10 31 2012</b>
Mailing Address <b>2001 Forest Avenue</b>		Amount <b>4 4,5 0</b>
City <b>Des Moines</b>	State <b>IA</b>	
Zip Code <b>50311</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>IA</b> <input type="checkbox"/> Senate District: <b>4</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Steve King</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4 4.5 0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Covington, Matthew A.</b>		Date <b>10 31 2012</b>
Mailing Address <b>2001 Forest Avenue</b>		Amount <b>2 5:3 5</b>
City <b>Des Moines</b>	State <b>IA</b>	
Zip Code <b>50311</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>IA</b> <input type="checkbox"/> Senate District: <b>4</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Steve King</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2 5.3 5</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>LUC Media Group Inc</b>		Date <b>10 05 2012</b>
Mailing Address <b>25 Whitlock Place #201</b>		Amount <b>5,0 0 0.0 0</b>
City <b>Marietta</b>	State <b>GA</b>	
Zip Code <b>30064</b>		
Purpose of Expenditure <b>Radio Ad</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>IA</b> <input type="checkbox"/> Senate District: <b>4</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Steve King</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>5,0 0 0.0 0</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5,0 6 9.8 5</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER  
 (5/2004)

N/A  
 DATE PREPARED