



"Roth, Mark E." <roth@brownwinick.com> on 10/25/2012 01:52:58 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: "Roth, Mark E." <roth@brownwinick.com>,

Subject: FEC Form 9

Please find attached FEC Form 9 for Protect The Harvest to be filed today, October 25, 2012.

Regards,

	<p>Mark E. Roth Attorney 515-242-2456 <i>direct</i> 515-323-8556 <i>direct fax</i> roth@brownwinick.com www.brownwinick.com</p>
<p><i>A Firm Commitment to Business™</i></p>	<p>666 Grand Avenue Suite 2000 Ruan Center Des Moines, IA 50309 Main Phone 515-242-2400 Toll Free 1-888-282-3515</p>

Brown, Winick, Graves, Gross, Baskerville, & Schoenebaum P.L.C.

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Protect The Harvest

(b) Address (number and street) check if different than previously reported
P.O. Box 1131

(c) City, State and ZIP Code
Davenport, IA 52805

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period 10' 23' 2012 through 10' 24' 2012

5. (a) Date of Public Distribution(s) 10' 24' 2012 (b) Communication Title Vilsack's Friends

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Brian Dumas

(b) Address (number and street)
P.O. Box 1131

(c) City, State and ZIP Code
Davenport, IA 52805

(d) Name of Employer or Principal Place of Business Victory Enterprises (e) Occupation Consultant

9. Total Donations This Statement 20000000

10. Total Disbursements/Obligations This Statement 19776600

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Brian Dumas

SIGNATURE



DATE

10/25/2012

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name Forest Lucas	
(b) Address (number and street) RR1 Box 1200 A	
(c) City, State and ZIP Code Cross Timbers, Mo 65634	
(d) Name of Employer or Principal Place of Business Protect The Harvest	(e) Occupation President
B. (a) Name Erik Holland	
(b) Address (number and street) 6905 Jack London Dr.	
(c) City, State and ZIP Code Johnston, IA 50131	
(d) Name of Employer or Principal Place of Business Protect The Harvest	(e) Occupation Treasurer
C. (a) Name Dale Ludwig	
(b) Address (number and street) 1150 Highway 50	
(c) City, State and ZIP Code Linn, MO 65051	
(d) Name of Employer or Principal Place of Business Protect The Harvest	(e) Occupation Director
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

<p>A. Full Name of Donor <u>Lucas Oil Products</u> Mailing Address of Donor <u>302 North Sheridan St.</u> City State Zip <u>Corona CA 92880</u></p>	<p>Date of Receipt <u>10</u> / <u>22</u> / <u>2012</u> Amount <u>20000000</u></p>	
<p>B. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>	
<p>C. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>	
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>	
<p>E. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>	
<p>SUBTOTAL of Donations This Page (optional) ▶</p>		<p><u>20000000</u></p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>		<p><u>20000000</u></p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee Victory Enterprises			Date of Disbursement or Obligation 10 / 23 / 2012		
Mailing Address of Payee 5200 S.W. 30th St. Ste. 7			Amount 197,766.00		
City Davenport		State IA	Zip Code 52802		Communication Date 10 / 24 / 2012
Name of Employer Victory Enterprises			Occupation (blank)		
Purpose of Disbursement (Including title(s) of communication(s)) Production and placement of radio and TV ad. (Vilsack's Friends)					
Name of Federal Candidate Christie Vilsack		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IA District: 4	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
Name of Federal Candidate (blank)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
Name of Federal Candidate (blank)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
B. Full Name (Last, First, Middle Initial) of Payee (blank)					
Mailing Address of Payee (blank)					
City (blank)		State (blank)	Zip Code (blank)		(blank)
Name of Employer (blank)			Occupation (blank)		
Purpose of Disbursement (Including title(s) of communication(s)) (blank)					
Name of Federal Candidate (blank)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
Name of Federal Candidate (blank)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
Name of Federal Candidate (blank)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			(blank)		
SUBTOTAL of Disbursements/Obligations This Page (optional)					197,766.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					197,766.00

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™ or Signature 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
	Next Business Day Delivery <input type="checkbox"/>
<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): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/25/2012</i>

JP
PREPARER
(3/2005)

10/25/2012
DATE PREPARED