



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**ERNST VICTORY IOWA**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2019"/>  |                         | 8667.72                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 61307.38                |                                   |
| (c) Total Receipts (from Line 19) .....  | 299475.54               | 1751625.99                        |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 360782.92               | 1760293.71                        |
| 7. Total Disbursements (from Line 31).....   | 318828.15               | 1718338.94                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 41954.77                | 41954.77                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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. 05/2016)

Write or Type Committee Name

**ERNST VICTORY IOWA**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y Y 09 / 30 / 2019

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 292000.00                     | 1708250.00                        |
| (ii) Unitemized .....   | 2475.00                       | 4875.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 294475.00                     | 1713125.00                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 5000.00                       | 38500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 299475.00                     | 1751625.00                        |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.54                          | 0.54                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.45                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 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                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 299475.54                     | 1751625.99                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 299475.54                     | 1751625.99                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 30828.14                      | 58398.93                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 30828.14                      | 58398.93                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 288000.01                     | 1643740.01                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 16200.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 16200.00                          |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (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                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 318828.15                     | 1718338.94                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 318828.15                     | 1718338.94                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 299475.00                             | 1751625.00                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 16200.00                                  |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 299475.00                             | 1735425.00                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 30828.14                              | 58398.93                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.54                                  | 0.54                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 30827.60                              | 58398.39                                  |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 45  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)  
**ERNST VICTORY IOWA**

**A. CHILTON, MAUREEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 INDIAN SPRING TRAIL  
 City DARIEN State CT Zip Code 06820-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10200.00

Date of Receipt **07 / 01 / 2019**  
**Transaction ID : SA11A.103062**  
 Amount of Each Receipt this Period 10200.00  
 Memo Item CONTRIBUTION

**B. CHILTON, RICHARD, L., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 INDIAN SPRING TRAIL  
 City DARIEN State CT Zip Code 06820-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **CHILTON INVESTMENTS** Occupation (for Individual) **INVESTMENTS MANAGER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10200.00

Date of Receipt **07 / 01 / 2019**  
**Transaction ID : SA11A.103061**  
 Amount of Each Receipt this Period 10200.00  
 Memo Item CONTRIBUTION

**C. DEMATTEIS, JAMES R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36991 BEACHWOOD DRIVE  
 City CUMMING State IA Zip Code 50061-4455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **DESMOINES TRUCK BROKERS, INC.** Occupation (for Individual) **PRESIDENT / CEO**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 03 / 2019**  
**Transaction ID : SA11A.102860**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 22900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 7 OF 45  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. STRONG, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3753 FORT CHARLES DRIVE  
 City NAPLES State FL Zip Code 34102-7934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LONGFORD CAPITAL MANAGEMENT, LP Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 03 / 2019  
**Transaction ID : SA11A.103060**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. KETZNER, JACOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1214 S. WILDFIRE AVE.  
 City WEST DES MOINES State IA Zip Code 50266-5967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KETZNER STRATEGIES Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2019  
**Transaction ID : SA11A.103983**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. CROOKHAM, JOE, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 808  
 City OSKALOOSA State IA Zip Code 52577-0808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRESIDENT/ OWNER Occupation (for Individual) MUSCO LIGHTING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 12 / 2019  
**Transaction ID : SA11A.104071**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 10250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 45  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. KALIKOW, MARY, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 PARK AVENUE 25TH FLOOR  
 City NEW YORK State NY Zip Code 10178-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : SA11A.104086**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. ROBERTS, DUANE, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 NEWPORT PL. STE. 400  
 City NEWPORT BEACH State CA Zip Code 92660-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **ENTREPRENEURIAL CORPORATE GROUP** Occupation (for Individual) **INVESTOR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : SA11A.104087**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item CONTRIBUTION

**C. ROBERTS, KELLY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 NEWPORT PLACE DR  
 City NEWPORT BEACH State CA Zip Code 92660-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **ENTREPRENEURIAL CORPORATE GROUP** Occupation (for Individual) **EXECUTIVE**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : SA11A.104085**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 21200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 45                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. ROOD, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 HARTLEY ROAD  
 SUITE 310  
 City JACKSONVILLE State FL Zip Code 32257-8213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VESTCOR COMPANIES, INC. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt **07 / 15 / 2019**  
**Transaction ID : SA11A.104073**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item CONTRIBUTION

**B. LEIDEL, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 PR 1173  
 City DIME BOX State TX Zip Code 77853-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YORKTOWN PARTNERS LLC Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 18 / 2019**  
**Transaction ID : SA11A.104384**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item CONTRIBUTION

**C. YOUNG, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31276 CHAMPAGNE RD  
 City WAUKEE State IA Zip Code 50263-7058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENTREPRENEUR Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 18 / 2019**  
**Transaction ID : SA11A.104430**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 9400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 11 OF 45 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. SCOTT, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 E ALEXANDER PALM ROAD  
 City BOCA RATON State FL Zip Code 33432-7985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCOTT HOLDINGS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2019  
**Transaction ID : SA11A.104548**  
 Amount of Each Receipt this Period  
 15600.00  
 Memo Item  
**CONTRIBUTION**

**B. SCOTT, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 E ALEXANDER PALM ROAD  
 City BOCA RATON State FL Zip Code 33432-7985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCOTT HOLDINGS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2019  
**Transaction ID : SA11A.104548\_B**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**  
 Transfer to non-federal account

**C. SLUSKY, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ONE MARKET STREET, STEUART TOWER,  
 City SAN FRANCISCO State CA Zip Code 94105-1420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VECTOR CAPITAL Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2019  
**Transaction ID : SA11A.104543**  
 Amount of Each Receipt this Period  
 5600.00  
 Memo Item  
**CONTRIBUTION**

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 21200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 OF 45                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. KANE, JOHN, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 KIMBALL LANE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>LYNNFIELD | State<br>MA | Zip Code<br>01940-2682 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>H. P. HOOD | Occupation (for Individual)<br>EXECUTIVE |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 26    |   | 2019        |

**Transaction ID : SA11A.104821**

Amount of Each Receipt this Period  
10600.00

Memo Item  
CONTRIBUTION

**B. KANE, VIRGINIA, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 KIMBALL LANE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>LYNNFIELD | State<br>MA | Zip Code<br>01940-2682 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 26    |   | 2019        |

**Transaction ID : SA11A.104820**

Amount of Each Receipt this Period  
14400.00

Memo Item  
CONTRIBUTION

**C. MAFFEI, GREGORY, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4175 S. HUMBOLDT ST.

|                            |             |                        |
|----------------------------|-------------|------------------------|
| City<br>CHERRY HILLS VILLA | State<br>CO | Zip Code<br>80113-4818 |
|----------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>LIBERTY MEDIA | Occupation (for Individual)<br>PRESIDENT/CEO |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 26    |   | 2019        |

**Transaction ID : SA11A.104662**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 30000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. RILL, JAMES, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7305 MASTERS DR.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>POTOMAC | State<br>MD | Zip Code<br>20854-3850 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>BAKER BOTTS LLP | Occupation (for Individual)<br>ATTORNEY |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 29    |   | 2019        |

**Transaction ID : SA11A.105101**

Amount of Each Receipt this Period  
4800.00

Memo Item  
CONTRIBUTION

**B. TAYLOR, GLEN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TAYLOR LANE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>MANKATO | State<br>MN | Zip Code<br>56001-2400 |
|-----------------|-------------|------------------------|

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

|  |                                    |
|--|------------------------------------|
| Name of Employer (for Individual)<br>TAYLOR CORP | Occupation (for Individual)<br>CEO |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 29    |   | 2019        |

**Transaction ID : SA11A.105100**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C. RICHARDS, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 FRANCIS SITES

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SPIRIT LAKE | State<br>IA | Zip Code<br>51360-1882 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>SELF EMPLOYED | Occupation (for Individual)<br>PHYSICIAN |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 01    |   | 2019        |

**Transaction ID : SA11A.105106**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 13200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 OF 45                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. BUSCH, AUGUST, A., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ONE MID RIVERS MALL DR. STE. 210  
 City ST. PETERS State MO Zip Code 63376-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.105418**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. JENKINS, HOWARD, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5412 LYKES LANE  
 City TAMPA State FL Zip Code 33611-4747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15600.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.105417**  
 Amount of Each Receipt this Period 15600.00  
 Memo Item CONTRIBUTION

**C. JENKINS, HOWARD, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5412 LYKES LANE  
 City TAMPA State FL Zip Code 33611-4747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15600.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.105417\_B**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION  
 Transfer to non-federal account

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 25600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. JENKINS, PATRICIA, LYNN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5412 LYKES LANE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>TAMPA | State<br>FL | Zip Code<br>33611-4747 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15600.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 02  |   | 2019    |

**Transaction ID : SA11A.105416**

Amount of Each Receipt this Period  
15600.00

Memo Item CONTRIBUTION

**B. JENKINS, PATRICIA, LYNN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5412 LYKES LANE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>TAMPA | State<br>FL | Zip Code<br>33611-4747 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15600.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 02  |   | 2019    |

**Transaction ID : SA11A.105416\_B**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

Transfer to non-federal account

**C. CLUTE, DAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3012 152ND STREET

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>URBANDALE | State<br>IA | Zip Code<br>50323-1632 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>FHLB DES MOINES | Occupation (for Individual)<br>FINANCIAL SERVICES |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 04  |   | 2019    |

**Transaction ID : SA11A.105167**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 16600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 45  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. COX, CREIGHTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12322 WINSTON AVE

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>URBANDALE | State<br>IA | Zip Code<br>50323-2364 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>TURNER CONSTRUCTION COMPANY: IOWA | Occupation (for Individual)<br>MANAGER OF BUSINESS DEVELOPM |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2019

**Transaction ID : SA11A.105427**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. OLSON, PAUL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2646 115TH STREET

|                  |             |                    |
|------------------|-------------|--------------------|
| City<br>VILLISCA | State<br>IA | Zip Code<br>50864- |
|------------------|-------------|--------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2019

**Transaction ID : SA11A.105701**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. GRODKO, STEVEN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 596 S FOREST DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>TEANECK | State<br>NJ | Zip Code<br>07666-2011 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>AMERICAN PORTFOLIOS ADVISORS | Occupation (for Individual)<br>FINANCIAL ADVISOR |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2019

**Transaction ID : SA11A.105918**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. KAUFFMAN, LAURA, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2302 160TH AVE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>CALAMUS | State<br>IA | Zip Code<br>52729-9664 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>DEWITT BANK | Occupation (for Individual)<br>STAFF ACCOUNTANT |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 12    |   | 2019        |

**Transaction ID : SA11A.105916**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. ROWE, JOHN, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 805398

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>CHICAGO | State<br>IL | Zip Code<br>60680-4183 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 12    |   | 2019        |

**Transaction ID : SA11A.105917**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C. GAUL, CARRIE, E., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16854 257TH AVE

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SPIRIT LAKE | State<br>IA | Zip Code<br>51360-6809 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BES |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 13    |   | 2019        |

**Transaction ID : SA11A.105993**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4050.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 18 OF 45   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. OSBORNE, GEORGE, R.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9840 WILLOW ROAD NE  
 City REDMOND State WA Zip Code 98052-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSBORNE CONSTRUCTION CO. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.105991**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item CONTRIBUTION

**B. WHALEN, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2140 ST. ANDREWS CIRCLE  
 City BETTENDORF State IA Zip Code 52722-6651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEART OF AMERICA GROUP Occupation (for Individual) PRESIDENT & C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.105994**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. MEIER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15175 240TH STREET  
 City ELDRIDGE State IA Zip Code 52748-9411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) I-80 TRUCK STOP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2019  
**Transaction ID : SA11A.106084**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5800.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. WERNER, CLARENCE, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14301 F.N.B. PKWY STE 115  
 City OMAHA State NE Zip Code 68145-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WERNER ENTERPRISES CHAIRMAN EMERITUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2019  
**Transaction ID : SA11A.106085**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

**B. ELGIN, JEFFREY, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6940 BOWMAN LANE  
 City CEDAR RAPIDS State IA Zip Code 52402-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2019  
**Transaction ID : SA11A.106871**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. LAURIDSEN-JONES, SIGNE, KIM, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22495 CABRILLO HIGHWAY  
 City HALF MOON BAY State CA Zip Code 94019-2571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2019  
**Transaction ID : SA11A.106872**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 12000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 20 OF 45                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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)  
**ERNST VICTORY IOWA**

**A. PARKS, DEBBIE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6311 LAKE SHORE DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>OKOBOJI | State<br>IA | Zip Code<br>51355-5010 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 04    |   | 2019        |

**Transaction ID : SA11A.106870**

Amount of Each Receipt this Period  
1400.00

Memo Item  
CONTRIBUTION

**B. PARKS, LEO, R., MR., JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6311 LAKE SHORE DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>OKOBOJI | State<br>IA | Zip Code<br>51355-5010 |
|-----------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer (for Individual)<br>PARKS MARINA, INC. | Occupation (for Individual)<br>OWNER |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 04    |   | 2019        |

**Transaction ID : SA11A.106874**

Amount of Each Receipt this Period  
1400.00

Memo Item  
CONTRIBUTION

**C. SKINNER, AMY, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 QUAIL HOLLOW CIR

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>DAKOTA DUNES | State<br>SD | Zip Code<br>57049-5100 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 04    |   | 2019        |

**Transaction ID : SA11A.106873**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3800.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. ANDRES, JULIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. BOX 917  
 City OKOBOJI State IA Zip Code 51355-0917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAU MARINE Occupation (for Individual) SMALL BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2019  
**Transaction ID : SA11A.107001**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. BENNETT, MARGIE, A., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 968 WYNSTONE DRIVE  
 City JEFFERSON State SD Zip Code 57038-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 09 / 06 / 2019  
**Transaction ID : SA11A.107004**  
 Amount of Each Receipt this Period 5200.00  
 Memo Item CONTRIBUTION

**C. BENNETT, MICHAEL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 968 WYNSTONE DR.  
 City JEFFERSON State SD Zip Code 57038-6868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 09 / 06 / 2019  
**Transaction ID : SA11A.107006**  
 Amount of Each Receipt this Period 5200.00  
 Memo Item CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 10650.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 OF 45  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**ERNST VICTORY IOWA**

**A. HENRY, PAULA, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 519  
City ARNOLDS PARK State IA Zip Code 51331-0519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2019  
Transaction ID : SA11A.106998  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. KEOUGH, DANIEL, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4135 PLUMWOOD DR  
City WEST DES MOINES State IA Zip Code 50265-5388  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) HOLMES MURPHY Occupation (for Individual) EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 09 / 06 / 2019  
Transaction ID : SA11A.107002  
Amount of Each Receipt this Period 2800.00  
 Memo Item CONTRIBUTION

**C. MOENS, L., A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1480 NORTH LAKE WAY  
City PALM BEACH State FL Zip Code 33480-3031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE BROKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 09 / 06 / 2019  
Transaction ID : SA11A.106999  
Amount of Each Receipt this Period 2800.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 23 OF 45 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. NEUHARTH, SUSAN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 821  
 City OKOBOJI State IA Zip Code 51355-0821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAU MARINE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2019  
**Transaction ID : SA11A.107000**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B. SHINE, SYLVIA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2312 LAKESIDE AVE  
 City WAHPETON State IA Zip Code 51351-7234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2019  
**Transaction ID : SA11A.107005**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**  
 REATTRIBUTION / REDESIGNATION REQUESTED

**C. ALLBEE, RICHARD, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 436  
 City HAMPTON State IA Zip Code 50441-0436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABCM CORPORATION Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2019  
**Transaction ID : SA11A.107252**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
**CONTRIBUTION**

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 24 OF 45   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. CHENSVOLD, DAVID, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 TIMBER WOLF TRAIL SE  
 City CEDAR RAPIDS State IA Zip Code 52403-7055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEALTHCARE OF IOWA, INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107249**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. DIXON, DAVID, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6220 ASPEN DR  
 City WEST DES MOINES State IA Zip Code 50266-6375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARE INITIATIVES Occupation (for Individual) DIRECTOR OF FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107254**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. HANSEN, KRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 7TH ST  
 City DIKE State IA Zip Code 50624-9629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN HOME COMMUNITIES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107278**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 25 OF 45 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

|   |  |  |   |
|---|--|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. JOHNSON, DOUGLAS, D., MR.,</b>         |  |  | Date of Receipt   |
| Mailing Address 2501 NE CHEVALIA CT   |  |  | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2019"/> |
| City<br>GRIMES  | State<br>IA  | Zip Code<br>50111-4744                   | <b>Transaction ID : SA11A.107261</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  |  | Amount of Each Receipt this Period<br><input type="text" value="2000.00"/>                            |
| Name of Employer (for Individual)<br>BLUE STONE THERAPY SOLUTIONS   |  | Occupation (for Individual)<br>PRESIDENT | <input type="checkbox"/> Memo Item<br>CONTRIBUTION  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="2000.00"/> |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. LENEAVE, TED, ALAN, MR.,</b>           |  |  | Date of Receipt   |
| Mailing Address 5310 VALLEYPARK DRIVE SUITE 100   |  |  | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2019"/> |
| City<br>ROANOKE   | State<br>VA  | Zip Code<br>24019-3067                               | <b>Transaction ID : SA11A.107248</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  |  | Amount of Each Receipt this Period<br><input type="text" value="2500.00"/>                            |
| Name of Employer (for Individual)<br>AMERICAN HEALTHCARE, LLC   |  | Occupation (for Individual)<br>HEALTH CARE EXECUTIVE | <input type="checkbox"/> Memo Item<br>CONTRIBUTION  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="2500.00"/> |  |   |

|   |   |   |   |
|---|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. NIEMEIER, MATTHEW, R., MR.,</b>      |   |   | Date of Receipt   |
| Mailing Address 3530 WANNAMAHER WAY   |   |   | <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2019"/> |
| City<br>SIOUX CITY  | State<br>IA   | Zip Code<br>51106-8015                        | <b>Transaction ID : SA11A.107262</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |   |   | Amount of Each Receipt this Period<br><input type="text" value="500.00"/>                             |
| Name of Employer (for Individual)<br>ACCURA HEALTHCARE  |   | Occupation (for Individual)<br>VICE PRESIDENT | <input type="checkbox"/> Memo Item<br>CONTRIBUTION  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br><input type="text" value="500.00"/> |   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="5000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 26 OF 45   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. SCHLEPP, CHAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 CARDINAL DRIVE  
 P.O. BOX 56  
 City COON RAPIDS State IA Zip Code 50058-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARE INITIATIVES Occupation (for Individual) VP, DIRECTOR OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107266**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. STEGGERDA, JEFFREY, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 435 NE BOWMAN DR  
 City WAUKEE State IA Zip Code 50263-5042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIGHTON CONSULTING GROUP Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107268**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. VONARX, KARA, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11315 LOUISIANA AVE S  
 City BLOOMINGTON State MN Zip Code 55438-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RECOVER HEALTH, INC. Occupation (for Individual) CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107273**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. WILKES, JAMES, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 NEWPORT RD NE  
 City IOWA CITY State IA Zip Code 52240-7838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRIGHTON CONSULTING GROUP Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107274**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. WILLETT, BRENT, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1531 NE WILLIAMSBURG DR  
 City ANKENY State IA Zip Code 50021-7434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IOWA HEALTH CARE ASSOCIATION Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2019  
**Transaction ID : SA11A.107275**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. PFAUTCH, ROY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 PORTLAND PLACE  
 City SAINT LOUIS State MO Zip Code 63108-1242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIVIC SERVICE, INC. Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2019  
**Transaction ID : SA11A.107682**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 28 OF 45                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. REICHARDT, DEBORAH, J., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3916 N POTSDAM AVE #3818

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SIOUX FALLS | State<br>SD | Zip Code<br>57104-7048 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 18    |   | 2019        |

**Transaction ID : SA11A.107684**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B. REICHARDT, J., DOUGLAS, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3916 N POTSDAM AVE #3818

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SIOUX FALLS | State<br>SD | Zip Code<br>57104-7048 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 18    |   | 2019        |

**Transaction ID : SA11A.107685**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C. DEBBANE, RAYMOND, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 QUAIL ROAD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>GREENWICH | State<br>CT | Zip Code<br>06831-3369 |
|-------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>THE INVUS GROUP LLC | Occupation (for Individual)<br>C.E.O. |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2019        |

**Transaction ID : SA11A.109054**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 11200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 45                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. RUBRIGHT, JAMES, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3435 WOODHAVEN RD

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>ATLANTA | State<br>GA | Zip Code<br>30305-1008 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>PRIVET FUND MANAGEMENT, LLC | Occupation (for Individual)<br>INVESTOR |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2019        |

**Transaction ID : SA11A.109055**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B. RUBRIGHT, MARY, ANGELICH, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3435 WOODHAVEN ROAD

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>ATLANTA | State<br>GA | Zip Code<br>30305-1008 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2019        |

**Transaction ID : SA11A.109052**

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**C. SEEGER, PAUL, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14140 MIDWAY RD STE 202

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>FARMERS BRANCH | State<br>TX | Zip Code<br>75244-3672 |
|------------------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>SEEGER DRILLING CO | Occupation (for Individual)<br>CEO |
|---|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2019        |

**Transaction ID : SA11A.109053**

Amount of Each Receipt this Period  
5600.00

Memo Item  
CONTRIBUTION

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 11200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 30 OF 45   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. VOGEL, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 8053  
 City HORSESHOE BAY State TX Zip Code 78657-8053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11A.108383**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item CONTRIBUTION

**B. CASTLE, JOHN, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 COCOANUT ROW  
 City PALM BEACH State FL Zip Code 33480-4069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CASTLE HARLAN, INC. Occupation (for Individual) MERCHANT BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10600.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11A.109330**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item CONTRIBUTION

**C. EGAN, M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4655 OSAGE BEACH PKWY  
 City O.B. State MO Zip Code 65065-2663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11A.109390**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 9400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 31 OF 45 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. LUTZ, SHERRI, R., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12600 WOODLANDS PKWY.  
 City CLIVE State IA Zip Code 50325-8701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11A.110735**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. MINSKOFF, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 PARK AVENUE  
 City NEW YORK State NY Zip Code 10021-4945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDWARD J. MINSKOFF EQUITIES, INC. Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 09 / 30 / 2019  
**Transaction ID : SA11A.109189**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item CONTRIBUTION

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 8100.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 292000.00 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 45   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. IOWA HEALTH PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 90TH STREET

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>WEST DES MOINES | State<br>IA | Zip Code<br>50266-1563 |
|-------------------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 11    |   | 2019        |

**Transaction ID : SA11C.107243**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. IOWA HEALTH PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 90TH STREET

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>WEST DES MOINES | State<br>IA | Zip Code<br>50266-1563 |
|-------------------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 11    |   | 2019        |

**Transaction ID : SA11C.107243\_B**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Transfer to non-federal account

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5000.00 |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. WIDGETMAKR**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B011

Amount of Each Disbursement this Period: 297.00

Memo Item

**B. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESSEY ST

City NEW YORK State NY Zip Code 10281

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB21B014

Amount of Each Disbursement this Period: 7.95

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B003

Amount of Each Disbursement this Period: 296.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 601.35

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. WIDGETMAKR</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 08 / 2019   |                                       |
| Mailing Address 1593 SPRING HILL RD #400  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B017</b><br>Amount of Each Disbursement this Period<br>[ ] 95.40 |                                       |
| City<br>TYSONS CORNER   | State<br>VA  | Zip Code<br>22182  | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |  |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. WIDGETMAKR</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2019   |                                       |
| Mailing Address 1593 SPRING HILL RD #400  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B018</b><br>Amount of Each Disbursement this Period<br>[ ] 10.05 |                                       |
| City<br>TYSONS CORNER   | State<br>VA  | Zip Code<br>22182  | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |  |                                       |

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. BB&amp;T VISA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 16 / 2019  |                                       |
| Mailing Address PO BOX 580340   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B004</b><br>Amount of Each Disbursement this Period<br>[ ] 808.60 |                                       |
| City<br>CHARLOTTE   | State<br>NC  | Zip Code<br>28258   | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT-SEE DETAIL   |  | Candidate Name  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |   |                                       |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 914.05 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 16 / 2019

FEC Identification Number: C  
Transaction ID : SB21B004CC  
Amount of Each Disbursement this Period: 808.60

Memo Item

**B. BB&T VISA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement CREDIT CARD PAYMENT-SEE DETAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 17 / 2019

FEC Identification Number: C  
Transaction ID : SB21B005  
Amount of Each Disbursement this Period: 808.60

Memo Item

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 17 / 2019

FEC Identification Number: C  
Transaction ID : SB21B005CC  
Amount of Each Disbursement this Period: 808.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 808.60

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. WIDGETMAKR**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 22 / 2019

FEC Identification Number C

Transaction ID : SB21B019

Amount of Each Disbursement this Period 56.30

Memo Item

**B. WIDGETMAKR**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 29 / 2019

FEC Identification Number C

Transaction ID : SB21B020

Amount of Each Disbursement this Period 536.60

Memo Item

**C. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESSEY ST

City NEW YORK State NY Zip Code 10281

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 01 / 2019

FEC Identification Number C

Transaction ID : SB21B021

Amount of Each Disbursement this Period 7.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 600.85

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

Full Name (Last, First, Middle Initial)

### A. AMERICAN EXPRESS

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10281

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 5 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

C [ ]

Transaction ID : SB21B023

Amount of Each Disbursement this Period

[ ] 1376.69

Memo Item

Full Name (Last, First, Middle Initial)

### B. WIDGETMAKR

Mailing Address 1593 SPRING HILL RD #400

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 5 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

C [ ]

Transaction ID : SB21B022

Amount of Each Disbursement this Period

[ ] 195.30

Memo Item

Full Name (Last, First, Middle Initial)

### C. WIDGETMAKR

Mailing Address 1593 SPRING HILL RD #400

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 2 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

C [ ]

Transaction ID : SB21B024

Amount of Each Disbursement this Period

[ ] 57.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[ ] 1629.44

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. BB&T VISA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement CREDIT CARD PAYMENT-SEE DETAIL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB21B006**

Amount of Each Disbursement this Period: 2557.06

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB21B006CC**

Amount of Each Disbursement this Period: 818.68

Memo Item

**C. BISTRO BIS**

Full Name (Last, First, Middle Initial)

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB21B006CC**

Amount of Each Disbursement this Period: 1156.96

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2557.06

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARRIOTT HOTELS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 16 / 2019  |
| Mailing Address 10400 FERNWOOD RD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B006CC</b><br>Amount of Each Disbursement this Period<br>[ ] 581.42 |
| City<br>BETHESDA  | State<br>MD  | Zip Code<br>20817   |
| Purpose of Disbursement<br>TRAVEL   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 03 / 2019  |
| Mailing Address 200 VESSEY ST   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B026</b><br>Amount of Each Disbursement this Period<br>[ ] 7.95 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10281   |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERICAN EXPRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 05 / 2019  |
| Mailing Address 200 VESSEY ST   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B027</b><br>Amount of Each Disbursement this Period<br>[ ] 161.99 |
| City<br>NEW YORK  | State<br>NY  | Zip Code<br>10281   |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 169.94

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

[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. BB&T VISA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 580340

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement CREDIT CARD PAYMENT-SEE DETAIL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : **SB21B010**

Amount of Each Disbursement this Period: 2513.74

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : **SB21B010CC**

Amount of Each Disbursement this Period: 1302.84

Memo Item

**C. BISTRO BIS**

Full Name (Last, First, Middle Initial)

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : **SB21B010CC**

Amount of Each Disbursement this Period: 924.64

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2513.74

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. HOTEL BLACKHAWK**

Full Name (Last, First, Middle Initial)

Mailing Address 200 E 3RD ST

City DAVENPORT State IA Zip Code 52801

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B010CC

Amount of Each Disbursement this Period: 286.26

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESSEY ST

City NEW YORK State NY Zip Code 10281

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B008

Amount of Each Disbursement this Period: 146.00

Memo Item

**C. HOLLOWAY CONSULTING INC**

Full Name (Last, First, Middle Initial)

Mailing Address 200 VESSEY ST

City NEW YORK State NY Zip Code 10281

Purpose of Disbursement TRAVEL/DELIVERY/POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB21B007

Amount of Each Disbursement this Period: 5861.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6007.02

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |  |                              |                             |                              |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JONI FOR IOWA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2019   |
| Mailing Address PO BOX 93441  |  | FEC Identification Number<br>C S4IA00129<br><b>Transaction ID : SB22002</b><br>Amount of Each Disbursement this Period<br>88147.75 |
| City<br>DES MOINES  | State<br>IA  | Zip Code<br>50393  |
| Purpose of Disbursement<br>TRANSFER OF NET JFC PROCEEDS   |  | Category/<br>Type  |
| Candidate Name<br><b>ERNST, JONI, K, ,</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: IA   | District: 00   | <input type="checkbox"/> Memo Item   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JONI FOR IOWA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2019   |
| Mailing Address PO BOX 93441  |  | FEC Identification Number<br>C S4IA00129<br><b>Transaction ID : SB22003</b><br>Amount of Each Disbursement this Period<br>59133.25 |
| City<br>DES MOINES  | State<br>IA  | Zip Code<br>50393  |
| Purpose of Disbursement<br>TRANSFER OF NET JFC PROCEEDS   |  | Category/<br>Type  |
| Candidate Name<br><b>ERNST, JONI, K, ,</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: IA   | District: 00   | <input type="checkbox"/> Memo Item   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JONI PAC IOWA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2019   |
| Mailing Address PO BOX 93441  |  | FEC Identification Number<br>C<br><b>Transaction ID : SB22004</b><br>Amount of Each Disbursement this Period<br>59719.13 |
| City<br>DES MOINES  | State<br>IA  | Zip Code<br>50393  |
| Purpose of Disbursement<br>TRANSFER OF NET JFC PROCEEDS   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  | <input type="checkbox"/> Memo Item   |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

207000.13

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |  |                              |                             |                              |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**ERNST VICTORY IOWA**

**A. JOBS OPPORTUNITY & NEW IDEAS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement  
TRANSFER OF NET JFC PROCEEDS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2019

FEC Identification Number  
C

Transaction ID : SB22001

Amount of Each Disbursement this Period  
80999.88

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 80999.88  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 288000.01 |