

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

IOWANS FOR LATHAM

ADDRESS (number and street)

675 N Washington Street

Suite 410

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

C C00287045

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Pamela Sederholm

Signature of Treasurer Pamela Sederholm

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
IOWANS FOR LATHAM

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1109407.46
(b) Total Contribution Refunds (from Line 20(d))	0.00	132363.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	977043.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16794.77	529506.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	240.05	71322.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16554.72	458184.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	474793.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

IOWANS FOR LATHAM

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	250789.20
(ii) Unitemized.....	0.00	43233.79
(iii) TOTAL of contributions from individuals ▶	0.00	294022.99
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	815284.47
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1109407.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	20893.93
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	240.05	71322.50
15. OTHER RECEIPTS (Dividends, Interest, etc.)	40.78	1171.11
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	280.83	1202795.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16794.77	529506.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	40139.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	92224.47
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	132363.67
21. OTHER DISBURSEMENTS	43500.00	217000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	60294.77	878870.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	534807.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	280.83
25. SUBTOTAL (add Line 23 and Line 24).....	535088.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60294.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	474793.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
US POST OFFICE

Mailing Address **1165 2ND AVENUE**

City **DES MOINES** State **IA** Zip Code **50318**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **240.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SA14.4879

Amount of Each Receipt this Period
240.05
 refund of overpayment for BRM account

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

240.05

240.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. CFB STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 247 FARRAGUT AVE			Amount of Each Disbursement this Period 3612.50 Transaction ID : SB17.4858
City HASTINGS ON HUDSON	State NY	Zip Code 10706	
Purpose of Disbursement strategy consulting and term fee		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.4877
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - interest		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 156.98 Transaction ID : SB17.4835
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - telephone and office supplies		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	3771.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.4849
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - annual fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 1571.34 Transaction ID : SB17.4850
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - data management & email marketing services		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 1461.18 Transaction ID : SB17.4843
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - travel, lodging & email marketing service		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	3067.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014		
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 1257.82		
City OMAHA	State NE	Zip Code 58103	Transaction ID : SB17.4844		
Purpose of Disbursement credit card payment - travel, lodging		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Intuit			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 201.38		
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB17.4859		
Purpose of Disbursement new bank checks		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Sederholm Public Affairs Inc			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014		
Mailing Address 675 N Washington Street Suite 410			Amount of Each Disbursement this Period 4000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4854		
Purpose of Disbursement Admin / Reporting Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	5459.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. Sederholm Public Affairs Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 675 N Washington Street Suite 410		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4846
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Admin / Reporting Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sederholm Public Affairs Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 675 N Washington Street Suite 410		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4839
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Admin / Reporting Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 139.52 Transaction ID : SB17.4750
City Ogden State UT Zip Code 84201	Purpose of Disbursement 1120-POL Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4139.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 117.91 Transaction ID : SB17.4829
City ELGIN State IL Zip Code 60123	Purpose of Disbursement mobile phone service Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 116.70 Transaction ID : SB17.4874
City ELGIN State IL Zip Code 60123	Purpose of Disbursement mobile phone expense Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	234.61
TOTAL This Period (last page this line number only).....	16672.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial) E.I. DU PONT DE NEMOURS COMPANY GOOD GOVERNMENT FUND (DUPONT GOOD GOVERNMENT FUND)		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address CHESTNUT RUN PLZ-BLDG 708/OFF. 178 974 CENTRE RD		Amount of Each Disbursement this Period -4000.00 Transaction ID : SB20C.4869
City WILMINGTON State DE Zip Code 19805	Category/ Type 010	
Purpose of Disbursement check never cleared - orig. disclosed 2/26/14		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

B. Full Name (Last, First, Middle Initial) E.I. DU PONT DE NEMOURS COMPANY GOOD GOVERNMENT FUND (DUPONT GOOD GOVERNMENT FUND)		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address CHESTNUT RUN PLZ-BLDG 708/OFF. 178 974 CENTRE RD		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB20C.4870
City WILMINGTON State DE Zip Code 19805	Category/ Type 010	
Purpose of Disbursement re-issue of refund, original check lost		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. Arlington County Republican Committee			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 405 S. Glebe Road			Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4837
City Arlington	State VA	Zip Code 22202	
Purpose of Disbursement 2014 Contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. JONI ERNST FOR US SENATE INC			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO BOX 93441			Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4848
City DES MOINES	State IA	Zip Code 50393	
Purpose of Disbursement primary debt retirement		Category/ Type 011	
Candidate Name JONI K ERNST			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: IA District: 00			

Full Name (Last, First, Middle Initial) C. KLINE FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 350 W BURNSVILLE PKWY STE 375			Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4840
City BURNSVILLE	State MN	Zip Code 55337	
Purpose of Disbursement General 2014 Contribution		Category/ Type 011	
Candidate Name JOHN PAUL JR KLINE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District: 02			

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. Madison County Republican Central Committee			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1308 Brown Street			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4852
City Peru	State IA	Zip Code 50222	
Purpose of Disbursement 2014 Contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. MILLER-MEEKS FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address P.O. BOX 1570			Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4857
City OTTUMWA	State IA	Zip Code 52501	
Purpose of Disbursement Debt retirement		Category/ Type 011	
Candidate Name MARIANNETTE MILLER-MEEKS			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. REPUBLICAN PARTY OF IOWA			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 621 E. NINTH STREET			Amount of Each Disbursement this Period 15000.00 Transaction ID : SB21.4851
City DES MOINES	State IA	Zip Code 50309	
Purpose of Disbursement 2014 Contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	18000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 621 E. NINTH STREET		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.4847
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement 2014 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 621 E. NINTH STREET		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.4845
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement 2014 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ZAUN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address PO BOX 42221		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4855
City URBANDALE State IA Zip Code 50323	Purpose of Disbursement Debt Retirement Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	21000.00
TOTAL This Period (last page this line number only).....	43500.00