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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. PRIORITIES FOR IOWA POLITICAL FUND PO BOX 93843 ADDRESS (number and street) (Check if address is changed) **DES MOINES** 50393 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ryan@koopmansconsulting.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00568170 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Koopmans, Ryan, , , Type or Print Name of Treasurer Koopmans, Ryan, , , [Electronically Filed] 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
	PE OF COMMITTEE andidate Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate		
Nam Cand	e of didate				
	didate / Affiliati	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of didate				
Par	ty Con	nmittee: (National, State	(Democratic,		
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	Iraising Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.	FEC ID number C			
	4.				

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Write or Type Committee Nan	ne		
PRIORITIES F	OR IOWA POLITIC	AL FUND	
6. Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number	r optional) and position of the	person in possession of committee
	ns, Ryan, , ,		1
Full Name	PO Box 93843		
Mailing Address			
	Des Moines	IA IA	50393
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 572 - 8664
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the committee	ee; and the name and address of
Full Name Koopmar of Treasurer	ns, Ryan, , ,		
Mailing Address	PO Box 93843		
	Des Moines	IA I	50393
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 572 8664

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
		accounts, Tents
safety deposit bo	oxes or maintains funds.	accounts, Tents
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo PO Box 6995	ZIP CODE
safety deposit bo Name of Bank, I	Portland CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	PO Box 6995 Portland CITY STATE Depository, etc.	
Name of Bank, I	Portland City STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	PO Box 6995 Portland CITY STATE Depository, etc.	
Name of Bank, I	PO Box 6995 Portland CITY STATE Depository, etc.	
Name of Bank, I	PO Box 6995 Portland CITY STATE Depository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: