

**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 ASHLEY WOLFTORNABANE

ADDRESS (number and street)

522 TERRENCE ST

Check if different  
than previously  
reported. (ACC)

STORM LAKE

IA

50588

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00909499

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

IA

04

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

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2025

through

M M / D D / Y Y Y Y  
12 / 31 / 2025*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

WOLFTORNABANE, ASHLEY, , ,

Signature of Treasurer

WOLFTORNABANE, ASHLEY, , ,

Date

M M / D D / Y Y Y Y  
01 / 30 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

IOWANS FOR ASHLEY WOLFTORNABANE

Report Covering the Period:

From:

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

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 2 | 5 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 2299.92                 | 8521.92                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 2299.92                 | 8521.92                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 3903.94                 | 6916.26                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 3903.94                 | 6916.26                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 1605.66                 |                                    |
| 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                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

IOWANS FOR ASHLEY WOLFTORNABANE

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2025

To:

M M / D D / Y Y Y Y  
12 / 31 / 2025**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).....

400.00

3560.00

(ii) Unitemized .....

1899.92

4961.92

(iii) TOTAL of contributions  
from individuals .....

2299.92

8521.92

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

2299.92

8521.92

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 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.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....

2299.92

8521.92

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 3903.94                       | 6916.26                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 3903.94                       | 6916.26                            |

## **III. CASH SUMMARY**

|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 3209.68 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 2299.92 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 5509.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 3903.94 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1605.66 |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 17

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

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NAME OF COMMITTEE (In Full)

**IOWANS FOR ASHLEY WOLFTORNABANE**

Full Name (Last, First, Middle Initial)

Alderton, Nancy, M, ,

**A.**

Mailing Address 114 E 3rd St

City

Storm Lake

State

IA

Zip Code

50588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 16 2025

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Havens, Margaret, , ,

**B.**

Mailing Address 912 Clover Lane

City

Storm Lake

State

IA

Zip Code

50588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2025

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

200.00

☐ Memo Item

Earmarked: ActBlue deposit 401774461

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 23 2025

Transaction ID : SA11AI.4512.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

total earmarked through conduit: limit not affected

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶400.00  
400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401728850

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 05 |   |   | 2025 |   |   |   |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

1.98

Transaction ID : SB17.4586

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401732902

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 12 |   |   | 2025 |   |   |   |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

3.58

Transaction ID : SB17.4588

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401741784

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 19 |   |   | 2025 |   |   |   |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

0.20

Transaction ID : SB17.4589

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5.76

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401748047

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

1.39

Transaction ID : SB17.4590

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401756863

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

1.98

Transaction ID : SB17.4591

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401762955

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

5.07

Transaction ID : SB17.4592

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8.44

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401768277

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|       |
|-------|
| 15.63 |
|-------|

Transaction ID : SB17.4593

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue Fee for DD 401774461

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|       |
|-------|
| 15.22 |
|-------|

Transaction ID : SB17.4594

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401788213

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|      |
|------|
| 1.39 |
|------|

Transaction ID : SB17.4595

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

|       |
|-------|
| 32.24 |
|-------|

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401795580

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|      |
|------|
| 1.79 |
|------|

Transaction ID : SB17.4596

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue fee for DD 401803133

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|      |
|------|
| 4.55 |
|------|

Transaction ID : SB17.4597

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue Fee for DD 401808941

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

Amount of Each Disbursement this Period

|      |
|------|
| 1.39 |
|------|

Transaction ID : SB17.4598

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.73

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
Act Blue Fee DD 401814498

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00401224

Amount of Each Disbursement this Period

8.11

Transaction ID : SB17.4600

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Casey's**

Mailing Address 1 SE Convenience Blvd

City  
AnkenyState  
IAZip Code  
50021Purpose of Disbursement  
travel (fuel)

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 4 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

27.07

Transaction ID : SB17.4433

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Casey's**

Mailing Address 1 SE Convenience Blvd

City  
AnkenyState  
IAZip Code  
50021Purpose of Disbursement  
travel (fuel)

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.24

Transaction ID : SB17.4434

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

62.42

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

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

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.22

Transaction ID : SB17.4448

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

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

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

14.61

Transaction ID : SB17.4453

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

21.34

Transaction ID : SB17.4452

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

48.17

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 4 |   | 2 | 0 | 2 | 5 |

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.79

Transaction ID : SB17.4454

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

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

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

22.47

Transaction ID : SB17.4458

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

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

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.41

Transaction ID : SB17.4462

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

72.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. Casey's**

Mailing Address 1 SE Convenience Blvd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 18  |   | 2025    |

City  
AnkenyState  
IAZip Code  
50021

FEC Identification Number

C

Purpose of Disbursement  
travel (fuel)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

24.53

Transaction ID : SB17.4465

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Practical Farmers of Iowa**Mailing Address 414 S 17th St  
Ste 107

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2025    |

City  
AmesState  
IAZip Code  
50010

FEC Identification Number

C

Purpose of Disbursement  
membership, annual conference, and course fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

290.00

Transaction ID : SB17.4468

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Practical Farmers of Iowa**Mailing Address 414 S 17th St  
Ste 107

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2025    |

City  
AmesState  
IAZip Code  
50010

FEC Identification Number

C

Purpose of Disbursement  
membership and annual conference registration fee additional attendee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

220.00

Transaction ID : SB17.4470

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

534.53

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. Record Printing & Copy Center**

Mailing Address 1117 Villa Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 17  |   | 2025    |

City  
Sioux CityState  
IAZip Code  
52203

FEC Identification Number

C

Purpose of Disbursement  
lawn signs

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1443.00

Transaction ID : SB17.4402

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 1831 Lake Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 10  |   | 2025    |

City  
Storm LakeState  
IAZip Code  
50588

FEC Identification Number

C

Purpose of Disbursement  
clipboards and pens for signatures, stick drive

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.60

Transaction ID : SB17.4401

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 1831 Lake Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 03  |   | 2025    |

City  
Storm LakeState  
IAZip Code  
50588

FEC Identification Number

C

Purpose of Disbursement  
parade candy

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.01

Transaction ID : SB17.4410

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

1467.61

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 1831 Lake Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2025    |

City  
Storm LakeState  
IAZip Code  
50588

FEC Identification Number

C

Purpose of Disbursement

Christmas parade entry decorations

Category/  
Type

Amount of Each Disbursement this Period

24.86

Transaction ID : SB17.4411

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 1831 Lake Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 19  |   | 2025    |

City  
Storm LakeState  
IAZip Code  
50588

FEC Identification Number

C

Purpose of Disbursement

office supplies and winter parade candy

Category/  
Type

Amount of Each Disbursement this Period

63.94

Transaction ID : SB17.4449

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 1831 Lake Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2025    |

City  
Storm LakeState  
IAZip Code  
50588

FEC Identification Number

C

Purpose of Disbursement

winter parade candy

Category/  
Type

Amount of Each Disbursement this Period

25.59

Transaction ID : SB17.4456

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

114.39

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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 ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

**A. WOLFTORNABANE, ASHLEY, , ,**

Mailing Address PO Box 42

City  
STORM LAKEState  
IAZip Code  
50588Purpose of Disbursement  
travel reimbursement below itemization threshold

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 30  |   | 2025    |

FEC Identification Number

☒ H6IA04159

Amount of Each Disbursement this Period

|        |
|--------|
| 445.00 |
|--------|

Transaction ID : SB17.4416

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WOLFTORNABANE, ASHLEY, , ,**

Mailing Address PO Box 42

City  
STORM LAKEState  
IAZip Code  
50588Purpose of Disbursement  
reimbursement for campaign launch posters

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 30  |   | 2025    |

FEC Identification Number

☒ H6IA04159

Amount of Each Disbursement this Period

|       |
|-------|
| 88.98 |
|-------|

Transaction ID : SB17.4474

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WOLFTORNABANE, ASHLEY, , ,**

Mailing Address PO Box 42

City  
STORM LAKEState  
IAZip Code  
50588Purpose of Disbursement  
reimbursement for initial required \$100 deposit to open campaign bank account

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 30  |   | 2025    |

FEC Identification Number

☒ H6IA04159

Amount of Each Disbursement this Period

|        |
|--------|
| 100.00 |
|--------|

Transaction ID : SB17.4476

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

|        |
|--------|
| 633.98 |
|--------|

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

|         |
|---------|
| 2987.94 |
|---------|

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**IOWANS FOR ASHLEY WOLFTORNABANE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WOLFTORNABANE, ASHLEY, , ,**

Nature of Debt (Purpose):

Advance for initial required \$100 deposit to  
open campaign bank account

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4366

Amount Incurred This Period

0.00

Payment This Period

100.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WOLFTORNABANE, ASHLEY, , ,**

Nature of Debt (Purpose):

Advance for campaign launch posters printed  
at Walmart

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

88.98

Transaction ID : SD10.4367

Amount Incurred This Period

0.00

Payment This Period

88.98

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WOLFTORNABANE, ASHLEY, , ,**

Nature of Debt (Purpose):

Travel Advance: Gas for first 90 days of  
campaign

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

445.00

Transaction ID : SD10.4314

Amount Incurred This Period

0.00

Payment This Period

445.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

2) **TOTALS** This Period (last page this line number only) .....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....