

**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

MCGOWAN FOR IOWA

ADDRESS (number and street)

PO BOX 207

Check if different  
than previously  
reported. (ACC)

SIOUX CITY

IA

51101

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00909788

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

01 / 01 / 2026

through

M M / D D / Y Y Y Y

03 / 31 / 2026

*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 MELTON, KAYLEN, , ,

Signature of Treasurer

MELTON, KAYLEN, , ,

Date

M M / D D / Y Y Y Y

04 / 15 / 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

**MCGOWAN FOR IOWA**

Report Covering the Period:

From:

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

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | 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))....                                              | 118453.41               | 627012.77                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 3000.00                 | 3000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 115453.41               | 624012.77                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 70508.38                | 224903.97                          |
| (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)) .....                                      | 70508.38                | 224903.97                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 379108.80               |                                    |
| 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) ..... | 12006.73                |                                    |

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

MCGOWAN FOR IOWA

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2026

To:

MM / DD / YYYY  
03 / 31 / 2026**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).....

65664.06

531237.97

(ii) Unitemized .....

789.35

3774.80

(iii) TOTAL of contributions  
from individuals ▶

66453.41

535012.77

(b) Political Party Committees.....

0.00

0.00

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

52000.00

92000.00

(d) The Candidate .....

0.00

0.00

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

118453.41

627012.77

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)..... ▶

118453.41

627012.77

# **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.....                                              | 70508.38                      | 224903.97                          |
| 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 .....             | 3000.00                       | 3000.00                            |
| (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)).....       | 3000.00                       | 3000.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 20000.00                      | 20000.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 93508.38                      | 247903.97                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 354163.77 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 118453.41 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 472617.18 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 93508.38  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 379108.80 |

**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 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

KRAUSE, DAVID, , ,

**A.**

Mailing Address 1216 GOVERNMENT STREET

City

OCEAN SPRINGS

State

MS

Zip Code

39564-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KRAUSE LAWDOG, LLC

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

4164.06

Date of Receipt

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

Transaction ID : SA11A.2313

Amount of Each Receipt this Period

4164.06

☒ Memo Item

CONTRIBUTION

SEE REDESIGNATION

**B.**

Full Name (Last, First, Middle Initial)

KRAUSE, DAVID, , ,

Mailing Address 1216 GOVERNMENT STREET

City

OCEAN SPRINGS

State

MS

Zip Code

39564-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KRAUSE LAWDOG, LLC

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

4164.06

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4418

Amount of Each Receipt this Period

- 664.06

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**C.**

Full Name (Last, First, Middle Initial)

KRAUSE, DAVID, , ,

Mailing Address 1216 GOVERNMENT STREET

City

OCEAN SPRINGS

State

MS

Zip Code

39564-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KRAUSE LAWDOG, LLC

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

4164.06

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4419

Amount of Each Receipt this Period

664.06

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

0.00

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

**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 6 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

LAMOREUX, GREGG, , ,

**A.** Mailing Address 99 NORTSHORE DRIVECity  
NORTH SIOUX CITYState  
SDZip Code  
57049-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRINITY ELECTRICOccupation  
CONSTRUCTION

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 30 2025

Transaction ID : SA11A.2328

Amount of Each Receipt this Period

7000.00

☒ Memo Item  
CONTRIBUTION

SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
LAMOREUX, GREGG, , ,  
Mailing Address 99 NORTSHORE DRIVECity  
NORTH SIOUX CITYState  
SDZip Code  
57049-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRINITY ELECTRICOccupation  
CONSTRUCTION

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 01 2026

Transaction ID : SA11A.4438

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
LAMOREUX, GREGG, , ,  
Mailing Address 99 NORTSHORE DRIVECity  
NORTH SIOUX CITYState  
SDZip Code  
57049-4013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRINITY ELECTRICOccupation  
CONSTRUCTION

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 01 2026

Transaction ID : SA11A.4439

Amount of Each Receipt this Period

3500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

0.00

**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 7 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

BOMGAARS, JANE, , ,

**A.**

Mailing Address 370 W ANCHOR DR.

STE 207

City

DAKOTA DUNES

State

SD

Zip Code

57049-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOMGAARS

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 31  |   | 2025    |

Transaction ID : SA11A.2359

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONTRIBUTION

SEE REDESIGNATION

**B.**

Full Name (Last, First, Middle Initial)

BOMGAARS, JANE, , ,

Mailing Address 370 W ANCHOR DR.

STE 207

City

DAKOTA DUNES

State

SD

Zip Code

57049-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOMGAARS

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2026    |

Transaction ID : SA11A.4421

Amount of Each Receipt this Period

- 2000.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL; REFUNDED  
\$3,000.00 ON 02/28/2026**C.**

Full Name (Last, First, Middle Initial)

BOMGAARS, JANE, , ,

Mailing Address 370 W ANCHOR DR.

STE 207

City

DAKOTA DUNES

State

SD

Zip Code

57049-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOMGAARS

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2026    |

Transaction ID : SA11A.4422

Amount of Each Receipt this Period

2000.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

0.00

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

**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 8 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

KOSKOVICH, PAUL, , ,

**A.**

Mailing Address 3471 WANAMAKER WAY

City

SIOUX CITY

State

IA

Zip Code

51106-8014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENEUR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 31  |   | 2025        |

Transaction ID : SA11A.2331

Amount of Each Receipt this Period

3643.56

☒ Memo Item

CONTRIBUTION

SEE REDESIGNATION

**B.**

Full Name (Last, First, Middle Initial)

KOSKOVICH, PAUL, , ,

Mailing Address 3471 WANAMAKER WAY

City

SIOUX CITY

State

IA

Zip Code

51106-8014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENEUR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 28  |   | 2026        |

Transaction ID : SA11A.4424

Amount of Each Receipt this Period

- 143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**C.**

Full Name (Last, First, Middle Initial)

KOSKOVICH, PAUL, , ,

Mailing Address 3471 WANAMAKER WAY

City

SIOUX CITY

State

IA

Zip Code

51106-8014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENTREPRENEUR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 28  |   | 2026        |

Transaction ID : SA11A.4425

Amount of Each Receipt this Period

143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

0.00

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

**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 9 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

LIEBER, DUSTIN, D., ,

**A.** Mailing Address 3915 MARTINS YARDCity  
SIOUX CITYState  
IAZip Code  
51104-1372FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIEBER EARTHMOVINGOccupation  
CONSTRUCTION

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 31  |   | 2025        |

Transaction ID : SA11A.2333

Amount of Each Receipt this Period

3643.56

☒ Memo Item

CONTRIBUTION

SEE REDESIGNATION

**B.** Full Name (Last, First, Middle Initial)  
LIEBER, DUSTIN, D., ,  
Mailing Address 3915 MARTINS YARDCity  
SIOUX CITYState  
IAZip Code  
51104-1372FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIEBER EARTHMOVINGOccupation  
CONSTRUCTION

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 28  |   | 2026        |

Transaction ID : SA11A.4426

Amount of Each Receipt this Period

- 143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
LIEBER, DUSTIN, D., ,  
Mailing Address 3915 MARTINS YARDCity  
SIOUX CITYState  
IAZip Code  
51104-1372FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIEBER EARTHMOVINGOccupation  
CONSTRUCTION

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 28  |   | 2026        |

Transaction ID : SA11A.4427

Amount of Each Receipt this Period

143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

0.00

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

**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 10 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

PERPETUAL PROPERTIES SSC, LLC

A.

Mailing Address 815 F ST

City

SOUTH SIOUX CITY

State

NE

Zip Code

68776-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 31  |   | 2025      |

Transaction ID : SA11A.2367

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)

BARNETT, BOB, , ,

Mailing Address 5070 INDIAN BOY BLVD  
UNIT 202

City

ESTERO

State

FL

Zip Code

33928-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERPETUAL PROPERTIES SSC, LLC

Occupation

OWNER

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

93.30

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01  |   | 27  |   | 2026      |

Transaction ID : SA11A.3405

Amount of Each Receipt this Period

93.30

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)

STANEK, JAMES, B., ,

Mailing Address 718 E. SAINT ANDREW CIR.

City

DAKOTA DUNES

State

SD

Zip Code

57049-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERPETUAL PROPERTIES SSC, LLC

Occupation

OWNER

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1380.10

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01  |   | 27  |   | 2026      |

Transaction ID : SA11A.3404

Amount of Each Receipt this Period

380.10

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

0.00

**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 11 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

THOMAS, KEITH, , ,

**A.**

Mailing Address 624 STERLING ST

City

VERMILLION

State

SD

Zip Code

57069-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERPETUAL PROPERTIES SSC, LLC

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

273.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3402

Amount of Each Receipt this Period

273.30



Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VAN PEARSON, BLAKE, , ,

Mailing Address 3016 S CORAL STREET

City

SIOUX CITY

State

IA

Zip Code

51106-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERPETUAL PROPERTIES SSC, LLC

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3406

Amount of Each Receipt this Period

50.00



Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WALKER, LANNY, , ,

Mailing Address 2026 CARR STREET

City

VERMILLION

State

SD

Zip Code

57069-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERPETUAL PROPERTIES SSC, LLC

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3407

Amount of Each Receipt this Period

30.00



Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

0.00

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

**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 12 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

WANKUM, JAMIE, , ,

**A.**

Mailing Address 621 LAKESHORE DRIVE

City

NORTH SIOUX CITY

State

SD

Zip Code

57049-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RUBBER DOCKIE

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2123.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3403

Amount of Each Receipt this Period

123.30



Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

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

Transaction ID : SA11C.2347

Amount of Each Receipt this Period

5260.25



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

FISCH, DAVID, , ,

Mailing Address P.O. BOX 592

City

REMSEN

State

IA

Zip Code

51050-0592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FISCH FUNERAL HOME MONUMENT, LLC

Occupation

FUNERAL DIRECTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

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

Transaction ID : SA11A.2348

Amount of Each Receipt this Period

260.25



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

260.25

**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 13 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

LOEB, CATHERINE, , ,

**A.**

Mailing Address 386 CROSBY ROAD

City  
CLOQUETState  
MNZip Code  
55720-9431FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5520.51

Date of Receipt

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

Transaction ID : SA11A.2349

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATION**B.**

Full Name (Last, First, Middle Initial)

LOEB, CATHERINE, , ,

Mailing Address 386 CROSBY ROAD

City  
CLOQUETState  
MNZip Code  
55720-9431FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5520.51

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3400

Amount of Each Receipt this Period

- 2020.51

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

**C.**

Full Name (Last, First, Middle Initial)

LOEB, CATHERINE, , ,

Mailing Address 386 CROSBY ROAD

City  
CLOQUETState  
MNZip Code  
55720-9431FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5520.51

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3401

Amount of Each Receipt this Period

2020.51

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

5000.00

**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 14 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.2350

Amount of Each Receipt this Period

3500.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
**STUCK, MARK, , ,**

Mailing Address 5023 COUNTRY CLUB BLVD

City  
**SIOUX CITY**State  
**IA**Zip Code  
**51104-1022**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.2351

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

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

Transaction ID : SA11C.2352

Amount of Each Receipt this Period

1041.02

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

3500.00

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

**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 15 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

FOULK, WILLIAM, , ,

**A.**

Mailing Address 3018 VALLEY DR.

City

SIOUX CITY

State

IA

Zip Code

51104-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.2353

Amount of Each Receipt this Period

1041.02



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.3398

Amount of Each Receipt this Period

260.25



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

RAMOS, PABLO, , ,

Mailing Address 290 SOUTH MIDDLETOWN ROAD

City

PEARL RIVER

State

NY

Zip Code

10965-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

520.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 4 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.3399

Amount of Each Receipt this Period

260.25



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1301.27

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

# **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 16 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

EIDE, ERIC, J., ,

**A.**

Mailing Address 2516 RIDGETOP RD

City

AMES

State

IA

Zip Code

50014-4563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYEMASTER GOODE

Occupation

SHAREHOLDER ATTORNEY

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2026

Transaction ID : SA11A.4407

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HINCH, MATTHEW, E., ,

**B.**

Mailing Address 4319 OAKWOOD LANE

City

WEST DES MOINES

State

IA

Zip Code

50265-5423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2026

Transaction ID : SA11A.4405

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SAMENUS, STEPHANIE , S., ,

**C.**

Mailing Address 2127 KOSSUTH AVE

City

ANTHON

State

IA

Zip Code

51004-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2026

Transaction ID : SA11A.4406

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

2000.00

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

**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 17 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 09  |   | 2026    |

Transaction ID : SA11C.4402

Amount of Each Receipt this Period

364.35

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
**DUNKER, ROBERT, , DR,**

Mailing Address 617 ELAINE CIR.

City  
**BOONE**State  
**IA**Zip Code  
**50036-1214**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 02  |   | 2026    |

Transaction ID : SA11A.4403

Amount of Each Receipt this Period

260.25

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 23  |   | 2026    |

Transaction ID : SA11C.4412

Amount of Each Receipt this Period

500.00

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

260.25

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

ESPESET, MICHAEL, , ,

**A.**

Mailing Address 2810 WAKEFIELD CIRCLE

City

AMES

State

IA

Zip Code

50010-7725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STORY CONSTRUCTION

Occupation

CEO

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1541.02

Date of Receipt

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

Transaction ID : SA11A.4413

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

CHURCHILL, STEVEN, , ,

Mailing Address 664 56TH STREET

City

DES MOINES

State

IA

Zip Code

50312-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IOWA MEDICAL SOCIETY

Occupation

CEO

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.4417

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LARSON, CHARLES, , ,

Mailing Address 510 E LOCUST ST

City

DES MOINES

State

IA

Zip Code

50309-1965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LS2GROUP

Occupation

PUBLIC RELATIONS

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : SA11A.4415

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

2500.00

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

**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 19 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

MADSEN, MAGNHILD, , ,

**A.**

Mailing Address 3916 SYLVIAN WAY

City

SIOUX CITY

State

IA

Zip Code

51104-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 26 2026

Transaction ID : SA11A.4416

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAMOREUX, GREGG, , ,

**B.**

Mailing Address 99 NORTHSORE DRIVE

City

NORTH SIOUX CITY

State

SD

Zip Code

57049-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRINITY ELECTRIC

Occupation

CONSTRUCTION

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2026

Transaction ID : SA11A.4502

Amount of Each Receipt this Period

- 7000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

DORSEY, THOMAS, L., ,

**C.**

Mailing Address 1267 OLESON PARK AVE

City

FORT DODGE

State

IA

Zip Code

50501-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 05 2026

Transaction ID : SA11A.4431

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

- 6400.00

**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 20 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

EIDE, MATT, , ,

**A.**

Mailing Address 7171 WOODLAND AVE

APT 252

City

WEST DES MOINES

State

IA

Zip Code

50266-7218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EIDE AND HEISI GER LLC

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4433

Amount of Each Receipt this Period

500.00



Memo Item

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LIVINGSTON , PAUL , ALAN , ,

Mailing Address 1926 GEORGE ALLEN AVE

City

AMES

State

IA

Zip Code

50010-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNZIKER &amp; ASSOCIATES

Occupation

REALTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4430

Amount of Each Receipt this Period

250.00



Memo Item

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NELSON , ERIC , , ,

Mailing Address 1514 JASPER AVE

City

MOVILLE

State

IA

Zip Code

51039-8186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4435

Amount of Each Receipt this Period

500.00



Memo Item

CONTRIBUTION

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

1250.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

NORTHRUP, JAMES, , ,

**A.**

Mailing Address 2465 FLETCHER DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49506-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 05 2026

Transaction ID : SA11A.4434

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

THOMPSON, PHILIP, W., ,

Mailing Address 1901 SW 38TH ST

City

ANKENY

State

IA

Zip Code

50023-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

GENERAL CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 05 2026

Transaction ID : SA11A.4428

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

WINKLEBLACK, CHUCK, , ,

Mailing Address 1125 KINYON CIR

City

AMES

State

IA

Zip Code

50010-4161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNZIKER COMPANIES

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 05 2026

Transaction ID : SA11A.4432

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2750.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

WINRED

**A.**

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 16 2026

Transaction ID : SA11C.4440

Amount of Each Receipt this Period

15041.02

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

HUNZIKER, DEAN, , ,

**B.**

Mailing Address 105 SOUTH 16TH STREET

City

AMES

State

IA

Zip Code

50010-8009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HUNZIKER COMPANIES

Occupation

REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 26 2026

Transaction ID : SA11A.4441

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOEB, BRETT, , ,

**C.**

Mailing Address 386 CROSBY ROAD

City

CLOQUET

State

MN

Zip Code

55720-9431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EDWARD JONES INVESTMENTS

Occupation

FINANCIAL ADVISOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2026

Transaction ID : SA11A.4446

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; REDESIGNATION /  
REATTRIBUTION REQUESTED

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

10500.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

MCMANAMY, KEVIN, , ,

**A.**

Mailing Address 4505 GRAYHAWK RIDGE DR

City

SIOUX CITY

State

IA

Zip Code

51106-9712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED REAL ESTATE SOLUTIONS

Occupation

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3623.05

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4444

Amount of Each Receipt this Period

1041.02

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; REDESIGNATION /  
REATTRIBUTION REQUESTED**B.**

Full Name (Last, First, Middle Initial)

MORGAN, LANCE, , ,

Mailing Address P.O. BOX 369

City

WINNEBAGO

State

NE

Zip Code

68071-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HO-CHUNK, INC.

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4443

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; REDESIGNATION /  
REATTRIBUTION REQUESTED**C.**

Full Name (Last, First, Middle Initial)

SCHMIT, DAVID, D., ,

Mailing Address 1366 FOX RIDGE TRAIL

City

SIOUX CITY

State

IA

Zip Code

51104-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CPA

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4442

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATION**SUBTOTAL** of Receipts This Page (optional)..... ▶

4041.02

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

SCHMIT, DAVID, D., ,

**A.** Mailing Address 1366 FOX RIDGE TRAILCity  
SIOUX CITYState  
IAZip Code  
51104-1468FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
CPA

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 05  |   | 2026    |

Transaction ID : SA11A.4447

Amount of Each Receipt this Period

2000.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
SCHMIT, DAVID, D., ,  
Mailing Address 1366 FOX RIDGE TRAILCity  
SIOUX CITYState  
IAZip Code  
51104-1468FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
CPA

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 05  |   | 2026    |

Transaction ID : SA11A.4447B

Amount of Each Receipt this Period

- 2000.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
SCHOENFELD, CRAIG, , ,  
Mailing Address 2527 NW 162ND STREETCity  
CLIVEState  
IAZip Code  
50325-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALEROOccupation  
GOV'T AFFAIRS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 12  |   | 2026    |

Transaction ID : SA11A.4445

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

500.00

**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 25 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

DEMAY, MARK, , ,

**A.**

Mailing Address 4900 COUNTRY CLUB BLVD

City  
SIOUX CITYState  
IAZip Code  
51104-1021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIOUXLAND DERMATOLOGYOccupation  
DERMATOLOGIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 23 2026

Transaction ID : SA11A.4451

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

SEE REATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DEMAY, MARK, , ,

Mailing Address 4900 COUNTRY CLUB BLVD

City  
SIOUX CITYState  
IAZip Code  
51104-1021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIOUXLAND DERMATOLOGYOccupation  
DERMATOLOGIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 23 2026

Transaction ID : SA11A.4464

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE

**C.**

Full Name (Last, First, Middle Initial)

DEMAY, RENEE, G., ,

Mailing Address 4900 COUNTRY CLUB BLVD

City  
SIOUX CITYState  
IAZip Code  
51104-1021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIOCESE SIOUX CITYOccupation  
ASSISTANT TO THE BISHOP

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 23 2026

Transaction ID : SA11A.4463

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE

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

5000.00

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

GIBSON, KIM, , ,

**A.**

Mailing Address 12847 TRACEVIEW LOOP

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-8594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4454

Amount of Each Receipt this Period

250.00



Memo Item

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HEISS, KEVIN, , ,

Mailing Address 204 BUCKEYE CIRCLE

City

LAWTON

State

IA

Zip Code

51030-7723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE TECHNOLOGIES

Occupation

PRESIDENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4452

Amount of Each Receipt this Period

14000.00



Memo Item

CONTRIBUTION

SEE REATTRIBUTION; SEE REDESIGNATION

**C.**

Full Name (Last, First, Middle Initial)

HEISS, DIANNE, K., ,

Mailing Address 204 BUCKEYE CIRCLE

City

LAWTON

State

IA

Zip Code

51030-7723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4465

Amount of Each Receipt this Period

7000.00



Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE; SEE  
REDESIGNATION**SUBTOTAL** of Receipts This Page (optional)..... ▶

14250.00

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

**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 27 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

HEISS, DIANNE, K., ,

**A.** Mailing Address 204 BUCKEYE CIRCLECity  
LAWTONState  
IAZip Code  
51030-7723FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4469

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
HEISS, DIANNE, K., ,  
Mailing Address 204 BUCKEYE CIRCLECity  
LAWTONState  
IAZip Code  
51030-7723FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4470

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
HEISS, KEVIN, , ,  
Mailing Address 204 BUCKEYE CIRCLECity  
LAWTONState  
IAZip Code  
51030-7723FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE TECHNOLOGIESOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4466

Amount of Each Receipt this Period

- 7000.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE

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

0.00

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

**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 28 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

HEISS, KEVIN, , ,

**A.**

Mailing Address 204 BUCKEYE CIRCLE

City

LAWTON

State

IA

Zip Code

51030-7723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE TECHNOLOGIES

Occupation

PRESIDENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4467

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**B.**

Full Name (Last, First, Middle Initial)

HEISS, KEVIN, , ,

Mailing Address 204 BUCKEYE CIRCLE

City

LAWTON

State

IA

Zip Code

51030-7723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE TECHNOLOGIES

Occupation

PRESIDENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4468

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

**C.**

Full Name (Last, First, Middle Initial)

WINUM, LARRY, , ,

Mailing Address 21891 HINTON DRIVE

City

GLENWOOD

State

IA

Zip Code

51534-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLENWOOD STATE BANK

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

Transaction ID : SA11A.4457

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

250.00

# **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 29 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

WINRED

**A.**

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 23 2026

Transaction ID : SA11C.4448

Amount of Each Receipt this Period

364.35

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

OGORMAN, TERRENCE, , ,

**B.**

Mailing Address 2311 ST ANTHONY PL

City

SIOUX CITY

State

IA

Zip Code

51108-3602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 14 2026

Transaction ID : SA11A.4449

Amount of Each Receipt this Period

260.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ALLEN , CHARLES , T. , ,

**C.**

Mailing Address 1438 N 7TH AVE E

City

NEWTON

State

IA

Zip Code

50208-2455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

IOWA UTILITY ASSOCIATION

EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2026

Transaction ID : SA11A.4479

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

510.25

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

**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 30 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

BRANSTAD, CHRISTINE, A., ,

**A.** Mailing Address 770 BURR OAKS DR

City

WEST DES MOINES

State

IA

Zip Code

50266-6638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRANSTAD OLSON LAW OFFICE

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 30  |   | 2026        |

Transaction ID : SA11A.4488

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EPPERLY, BRAD, C., ,

**B.** Mailing Address 1275 S HARPER COURT

City

WEST DES MOINES

State

IA

Zip Code

50266-9007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CWL GROUP

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 30  |   | 2026        |

Transaction ID : SA11A.4486

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GIBBONS , JAMES , R., ,

**C.** Mailing Address 2027 MICHAEL LN

City

AMES

State

IA

Zip Code

50010-9479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SPORTS BROADCASTER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 30  |   | 2026        |

Transaction ID : SA11A.4485

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

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

# **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 31 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

GRADY, MADISON, EILEEN,

**A.**

Mailing Address 2370 SE MAXWELL DR

City

WAUKEE

State

IA

Zip Code

50263-7578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POLICY WORKS

Occupation

DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2026

Transaction ID : SA11A.4483

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HENDERSON, ROBERT, J.,

**B.**

Mailing Address 4540 TALBOT RD

City

SIOUX CITY

State

IA

Zip Code

51103-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

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 Y  
03 30 2026

Transaction ID : SA11A.4480

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HIGLEY, JAMES, ,

**C.**

Mailing Address 1713 AZTEC CIRCLE

City

SIOUX CITY

State

IA

Zip Code

51104-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERSTATES

Occupation

DIRECTOR OF CLIENT DEVELOPMENT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2026

Transaction ID : SA11A.4489

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

SEE REATTRIBUTION

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

2150.00

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

**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 32 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

HIGLEY, COURTNEY, , ,

**A.**

Mailing Address 1713 AZTEC CIRCLE

City

SIOUX CITY

State

IA

Zip Code

51104-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4500

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE

**B.**

Full Name (Last, First, Middle Initial)

HIGLEY, JAMES, , ,

Mailing Address 1713 AZTEC CIRCLE

City

SIOUX CITY

State

IA

Zip Code

51104-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERSTATES

Occupation

DIRECTOR OF CLIENT DEVELOPMENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4501

Amount of Each Receipt this Period

- 500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE

**C.**

Full Name (Last, First, Middle Initial)

MILLER, DUSTIN, J., ,

Mailing Address 13181 MCGREGOR ST

City

INDIANOLA

State

IA

Zip Code

50125-8602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IOWA CHAMBER ALLIANCE

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4487

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

1000.00

**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 33 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

MURPHY, JOSEPH, D.,

**A.**

Mailing Address 907 82ND COURT

City

WEST DES MOINES

State

IA

Zip Code

50266-6403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IOWA BUSINESS COUNCIL

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4484

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RANTS, CHRISTOPHER, , ,

**B.**

Mailing Address 2740 S GLASS ST

City

SIOUX CITY

State

IA

Zip Code

51106-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4482

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMPSON, PHILIP, W., ,

**C.**

Mailing Address 1901 SW 38TH ST

City

ANKENY

State

IA

Zip Code

50023-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

GENERAL CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.4478

Amount of Each Receipt this Period

500.00

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

1000.00

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

**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 34 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address P.O. BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2026    |

Transaction ID : SA11C.4458

Amount of Each Receipt this Period

2082.03

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
**GLEESON, JOHN , W., ,**

Mailing Address 58 RED BRIDGE DR.

City  
**SIOUX CITY**State  
**IA**Zip Code  
**51104-1061**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
**PRESIDENT**

W A KLINGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 26  |   | 2026    |

Transaction ID : SA11A.4459

Amount of Each Receipt this Period

2082.03

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATIONFull Name (Last, First, Middle Initial)  
**GLEESON, JOHN , W., ,**

Mailing Address 58 RED BRIDGE DR.

City  
**SIOUX CITY**State  
**IA**Zip Code  
**51104-1061**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
**PRESIDENT**

W A KLINGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2026    |

Transaction ID : SA11A.4460

Amount of Each Receipt this Period

- 2000.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

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

2082.03

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

**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 35 OF 65

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

GLEESON, JOHN , W., ,

**A.** Mailing Address 58 RED BRIDGE DR.City  
SIOUX CITYState  
IAZip Code  
51104-1061FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W A KLINGEROccupation  
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 30 2026

Transaction ID : SA11A.4461

Amount of Each Receipt this Period

2000.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
GLEESON, JOHN , W., ,  
Mailing Address 58 RED BRIDGE DR.City  
SIOUX CITYState  
IAZip Code  
51104-1061FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W A KLINGEROccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 30 2026

Transaction ID : SA11A.4503

Amount of Each Receipt this Period

- 82.03

☐ Memo Item  
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

**C.** Full Name (Last, First, Middle Initial)  
HIGMAN, JERAD , , ,  
Mailing Address 850 E SAWGRASS TRAILCity  
DAKOTA DUNESState  
SDZip Code  
57049-5197FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASABAOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2026

Transaction ID : SA11A.4473

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTION

REDESIGNATION / REATTRIBUTION REQUESTED

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

6917.97

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

YOUNGBLADE, DANIEL, , ,

**A.**

Mailing Address 10 RED FOX RUN

City  
SIOUX CITYState  
IAZip Code  
51104-1450FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAR GRAPHICSOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2026

Transaction ID : SA11A.4474

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**B.**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150219.80

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2026

Transaction ID : SA11C.4496

Amount of Each Receipt this Period

1197.17

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)  
AVERY, STEPHAN, , ,

Mailing Address 31726 E HORSE LAKE DRIVE

City  
SIOUX CITYState  
IAZip Code  
51108-8544FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPHAN AVERYOccupation  
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2026

Transaction ID : SA11A.4497

Amount of Each Receipt this Period

1041.02

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

2041.02

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

65664.06

**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 37 OF 65

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

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

**REPUBLICANS UNITED TO DEFEND YOU PAC (RUDY PAC)****A.**

Mailing Address P.O. BOX 26141

City

ALEXANDRIA

State

VA

Zip Code

22313-6141

FEC ID number of contributing  
federal political committee.**C** C00823351

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4408

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAPTOR PAC****B.**

Mailing Address P.O. BOX 4864

City

MIDLAND

State

TX

Zip Code

79704-4864

FEC ID number of contributing  
federal political committee.**C** C00749481

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4411

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MIKE JOHNSON FOR LOUISIANA****C.**Mailing Address 228 S WASHINGTON ST  
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00608695

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4437

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

AMERICAN REVIVAL PAC

**A.**Mailing Address 228 S WASHINGTON ST  
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00639229

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 05  |   | 2026        |

Transaction ID : SA11C.4436

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR.SOUTHERN MISSOURIAN IN THE HOUSE PAC

**B.**

Mailing Address P.O. BOX 30844

City

BETHESDA

State

MD

Zip Code

20824-0844

FEC ID number of contributing  
federal political committee.**C** C00563726

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 23  |   | 2026        |

Transaction ID : SA11C.4455

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOME BUILDERS ASSOCIATION OF GREATER DES MOINES- PAC

**C.**

Mailing Address 6751 CORPORATE DR

City

JOHNSTON

State

IA

Zip Code

50131-1659

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

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 30  |   | 2026        |

Transaction ID : SA11C.4477

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

10500.00

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

**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 39 OF 65

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

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**Mailing Address 1333 NEW HAMPSHIRE AVENUE NW  
SUITE 700City  
WASHINGTONState  
DCZip Code  
20036-1532FEC ID number of contributing  
federal political committee.**C** C00004275

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2026    |

Transaction ID : SA11C.4491

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FASPAC FAREWAY STORES INC PAC**

Mailing Address 8800 NW 62ND AVENUE

City  
JOHNSTONState  
IAZip Code  
50131-2849FEC ID number of contributing  
federal political committee.**C** C00331686

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2026    |

Transaction ID : SA11C.4490

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOE MITCHELL FOR CONGRESS**

Mailing Address P.O. BOX 107

City  
CLEAR LAKEState  
IAZip Code  
50428-0107FEC ID number of contributing  
federal political committee.**C** C00918979

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

Transaction ID : SA11C.4472

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

9500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

**AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLIT**

Mailing Address 3030 POTOMAC AVE

SUITE 100

City

ALEXANDRIA

State

VA

Zip Code

22305-3085

FEC ID number of contributing  
federal political committee.**C** C00012880

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4493

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICAN REVIVAL PAC**

Mailing Address 228 S WASHINGTON ST

STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00639229

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4476

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BIG IDEAS CREATE EXCELLENCE PAC**

Mailing Address PO BOX 21315

City

OKLAHOMA CITY

State

OK

Zip Code

73156-1315

FEC ID number of contributing  
federal political committee.**C** C00765644

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4471

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

Full Name (Last, First, Middle Initial)

**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)****A.**

Mailing Address P.O. BOX 961039

City

FORT WORTH

State

TX

Zip Code

76161-0039

FEC ID number of contributing  
federal political committee.**C** C00235739

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4475

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CROSSPARTISAN PAC II****B.**

Mailing Address PO BOX 1843

City

ALEXANDRIA

State

VA

Zip Code

22313-1843

FEC ID number of contributing  
federal political committee.**C** C00786202

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4495

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FIRST IN FREEDOM PAC****C.**Mailing Address 824 S MILLEDGE AVE  
STE 101

City

ATHENS

State

GA

Zip Code

30605-1369

FEC ID number of contributing  
federal political committee.**C** C00540146

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11C.4492

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

10500.00

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

**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 42 OF 65

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

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NAME OF COMMITTEE (In Full)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

WORKING FOR OHIO

A.

Mailing Address 228 S WASHINGTON ST  
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

C C00783167

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 31  |   | 2026        |

Transaction ID : SA11C.4494

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

B.

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 | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Amount of Each Receipt this Period

☐ Memo Item

C.

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 | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Amount of Each Receipt this Period

☐ Memo Item

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

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

5000.00

52000.00

**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 43 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

207.25

Transaction ID : SB17.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

137.90

Transaction ID : SB17.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

41.02

Transaction ID : SB17.52

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

386.17

**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 44 OF 65

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. JONES DAY**

Mailing Address 51 LOUISIANA AVENUE NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
LEGAL CONSULTING

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1067.50

Transaction ID : SB17.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THOM, MIKE, , ,**

Mailing Address 1675 NORTH FREEDOM BLVD

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SOFTWARE - ALL BELOW ITEMIZATION THRESHOLD

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB17.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SIOUX CITY COUNTRY CLUB**

Mailing Address 4001 JACKSON STREET

City  
SIOUX CITYState  
IAZip Code  
51104Purpose of Disbursement  
RENT

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2131.78

Transaction ID : SB17.68

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

3294.28

**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 45 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. THOM, MIKE, , ,**

Mailing Address 1675 NORTH FREEDOM BLVD

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

640.98

Transaction ID : SB17.72

☐ Memo Item**B. SOUTHWEST AIRLINES**

Mailing Address 6000 N TERMINAL PARKWAY

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

359.19

Transaction ID : SB17.75

☒ Memo Item**C. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2994.44

Transaction ID : SB17.22

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

3635.42

**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 46 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. CASEYS STORE**

Mailing Address 100 S DERBY LN

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
NORTH SIOUX CITYState  
SDZip Code  
57049

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

9.50

Transaction ID : SB17.3

☒ Memo Item

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. ENTERPRISE**

Mailing Address 2429 GORDON DRIVE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
SIOUX CITYState  
IAZip Code  
51106

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

235.45

Transaction ID : SB17.16

☒ Memo Item

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. FAIRFIELD BY MARRIOTT SIOUX FALLS**

Mailing Address 4501 W EMPIRE PL

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
SIOUX FALLSState  
SDZip Code  
57106

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

203.84

Transaction ID : SB17.4

☒ Memo Item

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).....▶

**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 47 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. HUDL TICKETS**

Mailing Address 29775 NETWORK PLACE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
CHICAGOState  
ILZip Code  
60673

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

319.57

Transaction ID : SB17.13

☒ Memo Item

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. PALMERS OLD TYME CANDY SHOPPE**

Mailing Address 405 WESLEY PKWY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
SIOUX CITYState  
IAZip Code  
51103

FEC Identification Number

C

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

280.51

Transaction ID : SB17.21

☒ Memo Item

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. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36647-1CR

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

City  
DALLASState  
TXZip Code  
75235

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

946.66

Transaction ID : SB17.11

☒ Memo Item

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).....▶

**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 48 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. WESTIN**

Mailing Address 10400 FERNWOOD ROAD

City  
BETHSEDAState  
MAZip Code  
20817Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 3 | / | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

621.93

Transaction ID : SB17.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 3 | / | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.25

Transaction ID : SB17.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1595 SPRING HILL ROAD  
SUITE 500City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 7 | / | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.61

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

1010.25

**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 49 OF 65

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. BEACON CONSULTING LLC**

Mailing Address 421 1ST STEET SOUTH EAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.65

☐ Memo Item**B. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.45

☐ Memo Item**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

14.35

Transaction ID : SB17.54

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

2539.35

**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 50 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. HUPKE, CHRIS, , ,**

Mailing Address 409 3RD STREET NW

City  
WATERTOWNState  
SDZip Code  
57201Purpose of Disbursement  
BALLOTT ACCESS / GRASSROOTS CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2530.70

Transaction ID : SB17.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CASEYS STORE**

Mailing Address 100 S DERBY LN

City  
NORTH SIOUX CITYState  
SDZip Code  
57049Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

69.72

Transaction ID : SB17.26

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

7530.70

**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 51 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. SIOUX CITY COUNTRY CLUB**

Mailing Address 4001 JACKSON STREET

City  
SIOUX CITYState  
IAZip Code  
51104Purpose of Disbursement  
RENT

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2021.22

Transaction ID : SB17.27

☒ Memo Item**B. USPS**

Mailing Address 214 JACKSON STREET

City  
SIOUX CITYState  
IAZip Code  
51104Purpose of Disbursement  
POSTAGE

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

378.00

Transaction ID : SB17.24

☒ Memo Item**C. 515 GROUP LLC**

Mailing Address 1675 NORTH FREEDOM BLVD

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12500.00

Transaction ID : SB17.69

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

12500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOKState  
ALZip Code  
35223Purpose of Disbursement  
COMPLIANCE CONSULTING

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11130.00

Transaction ID : SB17.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEACON CONSULTING LLC**

Mailing Address 421 1ST STEET SOUTH EAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.99

Transaction ID : SB17.55

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

16130.99

**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 53 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1595 SPRING HILL ROAD  
SUITE 500City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

592.62

Transaction ID : SB17.57

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

1612.32

**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 54 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. THOM, KATHY, , ,**

Mailing Address PO BOX 366

City  
CAMBRIDGEState  
IAZip Code  
50046Purpose of Disbursement  
BALLOT ACCESS

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

301.63

Transaction ID : SB17.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
CREDIT CARD PAYMENT

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1359.97

Transaction ID : SB17.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CASABLANCA STEAKHOUSE**

Mailing Address 1518 3RD AVENUE NORTH WEST

City  
FORST DODGEState  
IAZip Code  
50501Purpose of Disbursement  
FOOD / BEVERAGE

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.40

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

1661.60

**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 55 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. CASEYS STORE**

Mailing Address 100 S DERBY LN

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

City  
NORTH SIOUX CITYState  
SDZip Code  
57049

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

38.22

Transaction ID : SB17.34

☒ Memo Item

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. PALMERS OLD TYME CANDY SHOPPE**

Mailing Address 405 WESLEY PKWY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

City  
SIOUX CITYState  
IAZip Code  
51103

FEC Identification Number

C

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

160.50

Transaction ID : SB17.38

☒ Memo Item

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. SIOUX CITY MARRIOTT**

Mailing Address 901 4TH STREET SOUTH

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2026    |

City  
SIOUX CITYState  
IAZip Code  
51104

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

568.27

Transaction ID : SB17.35

☒ Memo Item

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).....▶

**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 56 OF 65

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 214 JACKSON STREET

City  
SIOUX CITYState  
IAZip Code  
51104Purpose of Disbursement  
POSTAGE

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

281.23

Transaction ID : SB17.32

☒ Memo Item**B. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOKState  
ALZip Code  
35223Purpose of Disbursement  
COMPLIANCE CONSULTING

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

18351.25

Transaction ID : SB17.49

☐ Memo Item**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

14.35

Transaction ID : SB17.58

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

18365.60

**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 57 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. DEWITT, JESSICA, , ,**

Mailing Address 1329 MARTHA ST

City  
SIOUX CITYState  
IAZip Code  
51105Purpose of Disbursement  
BALLOT ACCESS

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1595 SPRING HILL ROAD  
SUITE 500City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.63

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

1227.50

**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 58 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

82.03

Transaction ID : SB17.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THOMPSON, JOHN , , ,**

Mailing Address 5353 PINE VALLEY DRIVE

City  
PLEASANT HILLState  
IAZip Code  
50327Purpose of Disbursement  
BALLOTT ACCESS

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445 - A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

85.00

Transaction ID : SB17.47

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

417.03

**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 59 OF 65

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1603 CAPITOL AVENUE  
SUITE 413-B561City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

47.17

Transaction ID : SB17.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

47.17

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

70358.38

**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 60 OF 65

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

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NAME OF COMMITTEE (In Full)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. BOMGAARS, JANE, , ,**

Mailing Address 370 E ANCHOR DRIVE

City  
DAKOTA DUNESState  
SDZip Code  
57049Purpose of Disbursement  
REFUND OF CONTRIBUTION

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 |
| 0 | 2 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB20A.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3000.00

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

3000.00

**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 61 OF 65

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 20  |   | 2026    |

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

☒ C00075820Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Transaction ID : SB21.I9

☐ Memo Item

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. ASHLEY HINSON FOR SENATE**

Mailing Address PO BOX 811

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
MARIONState  
IAZip Code  
52302

FEC Identification Number

☒ C00706267Purpose of Disbursement  
CONTRIBUTION

Candidate Name

ARENHOLZ, ASHLEY, HINSON, ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB21.I3

☐ Memo Item

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input checked="" 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: IA

District: 02

Full Name (Last, First, Middle Initial)

**C. FEELY FOR CONGRESS**Mailing Address 6501 E. GREENWAY PKWY  
SUITE 103-605

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
SCOTTSDALEState  
AZZip Code  
85254

FEC Identification Number

☒ C00903088Purpose of Disbursement  
CONTRIBUTION

Candidate Name

FEELY, THOMAS, JAMES, ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB21.I6

☐ Memo Item

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input checked="" 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: AZ

District: 01

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

|         |
|---------|
| 9000.00 |
|---------|

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 65

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. IOWANS FOR ZACH NUNN**

Mailing Address PO BOX 8036

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
DES MOINESState  
IAZip Code  
50301

FEC Identification Number

**C** C00784389Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
NUNN, ZACH, , ,Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I2

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Full Name (Last, First, Middle Initial)

**B. JOE MITCHELL FOR CONGRESS**

Mailing Address PO BOX 107

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
CLEAR LAKEState  
IAZip Code  
50428

FEC Identification Number

**C** C00918979Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
MITCHELL, JOE, , ,Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I4

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Full Name (Last, First, Middle Initial)

**C. LAURIE BUCKHOUT FOR CONGRESS**

Mailing Address PO BOX 97275

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
RALEIGHState  
NCZip Code  
27624-7275

FEC Identification Number

**C** C00853499Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BUCKHOUT, LAURIE, , ,Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I7

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 01

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

6000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 65

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MCGOWAN FOR IOWA

Full Name (Last, First, Middle Initial)

**A. MILLER-MEEKS FOR CONGRESS**

Mailing Address PO BOX 33

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
OTTUMWAState  
IAZip Code  
52501

FEC Identification Number

**C** C00558825Purpose of Disbursement  
CONTRIBUTION

Candidate Name

MILLER-MEEKS, MARIANNETTE, JANE, ,

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I1

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 01

Full Name (Last, First, Middle Initial)

**B. PAUL LEPAGE FOR CONGRESS**

Mailing Address PO BOX 49

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
AUGUSTAState  
MEZip Code  
04332

FEC Identification Number

**C** C00904094Purpose of Disbursement  
CONTRIBUTION

Candidate Name

LEPAGE, PAUL, , ,

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I5

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME

District: 02

Full Name (Last, First, Middle Initial)

**C. TANO TIJERINA FOR CONGRESS INC**

Mailing Address PO BOX 450170

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2026    |

City  
LAREDOState  
TXZip Code  
78045

FEC Identification Number

**C** C00929174Purpose of Disbursement  
CONTRIBUTION

Candidate Name

TIJERINA, TANO, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I8

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 28

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

5000.00

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

20000.00

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

PAGE 64 OF 65

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

NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

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

**BASS ADVERTISING**

Nature of Debt (Purpose):

CREATIVE DESIGN SERVICES

Mailing Address 1400 RIVER DRIVE  
SUITE 5000City  
NORTH SIOUX CITYState  
SDZip Code  
57049

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.1

Amount Incurred This Period

270.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

270.00

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

**BASS ADVERTISING**

Nature of Debt (Purpose):

CREATIVE DESIGN SERVICES

Mailing Address 1400 RIVER DRIVE  
SUITE 5000City  
NORTH SIOUX CITYState  
SDZip Code  
57049

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.3

Amount Incurred This Period

310.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

310.00

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

**BEACON CONSULTING LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 421 1ST STEET SOUTH EAST

City  
WASHINGTONState  
DCZip Code  
20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.2

Amount Incurred This Period

10201.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

10201.73

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

10781.73

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 65 OF 65

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MCGOWAN FOR IOWA**

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

T'S 2 PLEEZE

Nature of Debt (Purpose):

CREATIVE DESIGN SERVICES

Mailing Address 1008 WEST 7TH STREET

City

SIOUX CITY

State

IA

Zip Code

51103

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4

Amount Incurred This Period

1225.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1225.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

1225.00

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

12006.73

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

12006.73