FEC FORM 1		STATEMEN ORGANIZ			PAGE 1 / 5
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Battlegroun	d lowa	a 2020			
					<u> </u>
ADDRESS (number an	d street)	2813 Virginia Place			
<ul> <li>(Check if an is changed)</li> </ul>		Des Moines CITY ▲		IA 5 STATE ▲	0321 − [] ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRES	SS			
(Check if an is changed)		chc02@mchsi.com			
		Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	ddress	PRESS (URL)			
2. DATE 01	/ D 31	D / Y Y Y Y 2020			
3. FEC IDENTIFIC	ation nu		00737148		
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined th	s Statement and to the best	of my knowledge and belief it	t is true, correct a	nd complete.
Type or Print Name o	f Treasurer	Kehoe, Theresa, L, ,			
Signature of Treasurer	. Kehoe	Theresa, L, ,	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 31 2020
NOTE: Submission of fa			may subject the person signing ON SHOULD BE REPORTED V		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
. TYI	PE OF C	OMMITTEE	-
Ca	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	me of ndidate		
	ndidate ty Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of ndidate		
Ра	rty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Ро	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joi	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		708164
	2.	SCHOLTEN4IOWA CAMPAIGN COMMITTEE FEC ID number C C006	650622
	3.	RITA HART FOR IOWA	706457
	4.	CINDY AXNE FOR CONGRESS	46844

FEC Form 1 (Revised 02/2009)

Page 3

5422

515

Telephone number

210

Write or Type Committee Name

Treasurer

## Battleground Iowa 2020

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundrais	ing Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number optional) and po	sition of the person in possession of committee
Kehoe, The	resa, L, ,	
Mailing Address	2813 Virginia PI	
	Des Moines	IA 50321
Title or Position	CITY	STATE ZIP CODE

8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of
	any designated agent (e.g., assistant treasurer).

1 1

Full Name of Treasurer	Kehoe, Theresa, L, ,
Mailing Address	2813 Virginia Pl
	Des Moines         IA         50321         -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     515     210     5422

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			I		1							 	 								1							
Mailing Address																												
		L															1									1		
				1			1	1											1		L					I		
									CI	ΓY								ST	AT E				ZI	ΡC	DE			
Title or Position																												
													Tele	eph	ione	e n	uml	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

V	eridian Credit Union		
Mailing Address	2005 Ingersoll Ave		
	Des Moines	IA 50309	
	CITY	STATE ZIP CODE	
Name of Bank, Dep	ository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	

FEC Form 1S (Revised 02/20	17) Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page _5_ of 5
5(g) or (h). Joint Fundraising	-		
		FEC ID number	C C00637074
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
6. Name of Any Connected C	Prganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:		STATE A	ZIP CODE
Connected	Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
																							- L		
TITLE OR POSITION	•				C	ידוכ	Y 🔺							S	TAT	E				ZIP	C	DC	E		
										Te	lep	hor	ne l	Nur	nbe	er			- L				- [		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																									
Mailing Address	L																								
	L									1															
					С	ITY								ST	AT	E			Z	ZIP	СС	DDE	E 🔺	•	