

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
ERNST VICTORY FUND

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer **BRADLEY CRATE**

Signature of Treasurer BRADLEY CRATE [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ERNST VICTORY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77902.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="74700.00"/>	<input type="text" value="228416.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="152602.22"/>	<input type="text" value="228416.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="69181.07"/>	<input type="text" value="144995.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83421.15"/>	<input type="text" value="83421.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ERNST VICTORY FUND

Report Covering the Period: From: 10 / 01 / 2014 To: 10 / 15 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74700.00	228400.00
(ii) Unitemized	0.00	16.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74700.00	228416.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	74700.00	228416.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	74700.00	228416.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74700.00	228416.21

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	613.00	11479.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	613.00	11479.65
22. Transfers to Affiliated/Other Party Committees.....	68568.07	133515.41
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69181.07	144995.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69181.07	144995.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	74700.00	228416.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74700.00	228416.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	613.00	11479.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	613.00	11479.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

A. BARB BAUMGARN
Full Name (Last, First, Middle Initial)

Mailing Address 2404 NE PARK DRIVE

City GRIMES State IA Zip Code 50111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 2404 NE PARK DRIVE

City GRIMES State IA Zip Code 50111

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

Name of Employer MAIL SERVICES, LLC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
 1500.00

C. MS. DIANE ECCLESTONE
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3267

City WEST PALM BEACH State FL Zip Code 33402

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 14800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
 14800.00

SPOUSAL REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 17800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

Full Name (Last, First, Middle Initial) A. MR. E LLWYD ECCLESTONE		Date of Receipt
Mailing Address PO BOX 3267		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
WEST PALM BEACH	FL	33402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4181
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	DEVELOPMENT	<input type="text" value="29800.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="29800.00"/>	

Full Name (Last, First, Middle Initial) B. MR. E LLWYD ECCLESTONE		Date of Receipt
Mailing Address PO BOX 3267		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
WEST PALM BEACH	FL	33402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4182
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	DEVELOPMENT	<input type="text" value="-14800.00"/>
Receipt For:	Aggregate Year-to-Date ▼	SPOUSAL REATTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	

Full Name (Last, First, Middle Initial) C. MARK GOTTFREDSON		Date of Receipt
Mailing Address 7321 TRIANON CT.		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
COLLEYVILLE	TX	76034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4171
Name of Employer	Occupation	Amount of Each Receipt this Period
BAIL & COMPANY INC	CONSULTANT	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="15500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

A. MR. BRUCE R LAURITZEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 FAIRACRES RD
 City OMAHA State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIRST NATIONAL BANK Occupation BANKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **15000.00**

Date of Receipt
 10 / 08 / 2014
Transaction ID : SA11AI.4179
 Amount of Each Receipt this Period
15000.00

B. FERIAL TEWFIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 ARBURY DRIVE
 City IOWA CITY State IA Zip Code 52246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IOWA CITY CANCER TREATMENT Occupation DOCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5200.00**

Date of Receipt
 10 / 08 / 2014
Transaction ID : SA11AI.4173
 Amount of Each Receipt this Period
5200.00

C. MS. ELAINE J WOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 FEDERAL HWY SUITE 201
 City BOCA RATON State FL Zip Code 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **20200.00**

Date of Receipt
 10 / 08 / 2014
Transaction ID : SA11AI.4177
 Amount of Each Receipt this Period
20200.00

SUBTOTAL of Receipts This Page (optional).....	40400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

A. MR. PHILIP SUMNER WORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 JORDAN TRAIL
 City WEST DES MOINES State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GILCREST/JEWETT LUMBER CO. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.4175
 Amount of Each Receipt this Period
 1000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	74700.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

Full Name (Last, First, Middle Initial)

A. APEX: A RED CURVE SOLUTION

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2014

Transaction ID : **SB21B.4101**

Amount of Each Disbursement this Period
488.00

Category/Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 488.00

TOTAL This Period (last page this line number only)..... ▶ 488.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

Full Name (Last, First, Middle Initial)

A. JOBS, OPPORTUNITY AND NEW IDEAS PAC

Mailing Address 500 CUMMINGS CENTER SUITE 4400
C/O RED CURVE SOLUTION

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : SB22.4112

Amount of Each Disbursement this Period

27165.30

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : SB22.4109

Amount of Each Disbursement this Period

2033.82

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : SB22.4110

Amount of Each Disbursement this Period

10968.13

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

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

40167.25

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ERNST VICTORY FUND

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E. NINTH STREET

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB22.4114

Amount of Each Disbursement this Period

28400.82

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

28400.82

68568.07