

# 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. 12FE4M5  
Republican Party of Iowa

ADDRESS (number and street) 621 E. Ninth Street  
Check if different than previously reported. (ACC) Des Moines IA 50309

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00014498 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 M M M / D D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2009 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2009

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 John Kabitzke

Signature of Treasurer John Kabitzke [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2013

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

Republican Party of Iowa

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="2009"/>		218169.87
(b) Cash on Hand at Beginning of Reporting Period.....	218169.87	
(c) Total Receipts (from Line 19) .....	87877.75	87877.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	306047.62	306047.62
7. Total Disbursements (from Line 31).....	62704.27	62704.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	243343.35	243343.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7723.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3607.82	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Republican Party of Iowa**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2009 To: M M / D D / Y Y Y Y 01 / 31 / 2009

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).....	60930.00	60930.00
(ii) Unitemized .....	4789.00	4789.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	65719.00	65719.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	105.00	105.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65824.00	65824.00
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).....	905.61	905.61
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	148.14	148.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	21000.00	21000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	21000.00	21000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	87877.75	87877.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66877.75	66877.75

**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 .....	8960.14	8960.14
(ii) Non-Federal Share.....	33707.08	33707.08
(b) Other Federal Operating Expenditures .....	20037.05	20037.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	62704.27	62704.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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)) ..	62704.27	62704.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28997.19	28997.19

**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) .....	65824.00	65824.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65824.00	65824.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	28997.19	28997.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	905.61	905.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	28091.58	28091.58

: 97 `A-G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XA  
Transaction ID :

All expenditures listed on Schedule B for line 30b during this period are generic, and not made on behalf of any federal election or federal candidate/committee. During this reporting period, payroll, payroll taxes and fringe benefits for any committee employee who spent 25% or more of their time on activities related to a Federal election are being reported as Federal Election Activity and show on Schedule B for line 30b. All salaries, wages and/or fringe benefits reported on Schedule H4 are for employees who spent less than 25% of their time on federal election activity or in connection with a Federal election. The committee hereby incorporates by reference Form 99 Miscellaneous Report, June 20, 2009, outlining its policies with regard to payments received by candidate committees for goods and services provided. The Republican Party of Iowa owns and operates its own building and land at its headquarters in Des Moines, Iowa. This committee does not recognize registered lobbyists or registrant committees for purposes of aggregate contributions. The Republican Party of Iowa follows a best efforts policy/procedure that begins with a clean and conspicuous request from donors for their full name, mailing address, occupation, and name of employer at the initial solicitation for a contribution, informing the contributor of the requirements of federal law for the reporting of such information, as required by under 11 CFR 104.7. Upon receipt of a contribution, collected donor information, as reported by the donor, is captured into our contributor database for purposes of reporting on the next FEC disclosure report. All contributors who have crossed the \$200 cumulative threshold and have not provided sufficient information are sent correspondence requesting the missing information (that does not include a solicitation of contribution), including a postage-paid return envelope. This is completed on a twice monthly basis. If information is still missing at the time of a reporting cutoff, a phone contact is made. A record of the correspondence is documented and retained for verification. Every effort is made to never have missing information on each disclosure report before filing; however, when information is received following a filing, amendments of the original report or memo entries on subsequent reports are submitted.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 59  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Carmine Boal**

Mailing Address 3301 SW Timbergreen Road

City Ankeny State IA Zip Code 50021-9217

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

Name of Employer n/a Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 13 / 2009  
**Transaction ID : 90116.C327769**

Amount of Each Receipt this Period  
500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Terry Branstad**

Mailing Address 1324 274th Lane

City Boone State IA Zip Code 50036

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

Name of Employer Des Moines Univ Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 20 / 2009  
**Transaction ID : 90126.C327820**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Robert Camblin**

Mailing Address 903 Locust St

City Atlantic State IA Zip Code 50022-2019

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

Name of Employer Camblin Mechanical, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 12 / 2009  
**Transaction ID : 90116.C327736**

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 8 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Ronald Cashman**

Mailing Address PO Box 77

City State Zip Code  
 Greeley IA 52050

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

Name of Employer Occupation  
 Self Milk Hauler

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 01 / 05 / 2009  
**Transaction ID : 90107.C327642**

Amount of Each Receipt this Period  
 365.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Courter**

Mailing Address 229 S 26th Street

City State Zip Code  
 West Des Moines IA 50265

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

Name of Employer Occupation  
 Nyemaster Law Firm Attorney At Law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 01 / 07 / 2009  
**Transaction ID : 90116.C327665**

Amount of Each Receipt this Period  
 365.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Carl Dallmeyer**

Mailing Address 1205 E Washington St Apt 252

City State Zip Code  
 Washington IA 52353-2100

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 01 / 29 / 2009  
**Transaction ID : 90217.C327875**

Amount of Each Receipt this Period  
 5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5730.00

**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 9 OF 59
	<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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial) <b>A. Robert Dilley</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2009 <b>Transaction ID : 90122.C327798</b>
Mailing Address 215 E 3rd St		Amount of Each Receipt this Period 365.00
City Des Moines	State IA	Zip Code 50309-2005
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self	Occupation Manufacturer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Ehrig</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2009 <b>Transaction ID : 90116.C327664</b>
Mailing Address 23497 R Ave.		Amount of Each Receipt this Period 500.00
City Grundy Center	State IA	Zip Code 50638-0000
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self	Occupation Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William Engel</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2009 <b>Transaction ID : 90129.C327856</b>
Mailing Address 1701 Campus Dr. #3420		Amount of Each Receipt this Period 500.00
City Clive	State IA	Zip Code 50325-6626
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer RETIRED	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 10 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Ann Garber**

Mailing Address 200 E South St

City State Zip Code  
Corydon IA 50060-1726

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

Name of Employer Occupation  
Corydon Medical Clinic Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2009  
**Transaction ID : 90116.C327691**

Amount of Each Receipt this Period  
365.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Corine Hadley**

Mailing Address 1100 S 6th Ave W

City State Zip Code  
Newton IA 50208-3534

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

Name of Employer Occupation  
None Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2009  
**Transaction ID : 90126.C327828**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. James Hahn**

Mailing Address 900 W 4th St

City State Zip Code  
Muscatine IA 52761-2831

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

Name of Employer Occupation  
State of Iowa Senator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2009  
**Transaction ID : 90116.C327666**

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00

**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 11 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. James Hahn**

Mailing Address 900 W 4th St

City Muscatine      State IA      Zip Code 52761-2831

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

Name of Employer State of Iowa      Occupation Senator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2009  
**Transaction ID : 90116.C327681**

Amount of Each Receipt this Period  
100.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Audrene Hansen**

Mailing Address 6001 Creston Ave Unit 4

City Des Moines      State IA      Zip Code 50321-1222

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

Name of Employer n/a      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2009  
**Transaction ID : 90122.C327787**

Amount of Each Receipt this Period  
365.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Helen Jenkins**

Mailing Address 6 Winter Ridge Rd

City Waterloo      State IA      Zip Code 50701-1049

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

Name of Employer State of Iowa      Occupation Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2009  
**Transaction ID : 90129.C327853**

Amount of Each Receipt this Period  
365.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 830.00

**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 12 OF 59
	<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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Tim Kapucian**

Mailing Address 1275 69th St

City State Zip Code  
Keystone IA 52249

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

Name of Employer Occupation  
Self Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2009  
**Transaction ID : 90116.C327700**

Amount of Each Receipt this Period  
500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Steve Kettering**

Mailing Address 275 Crescent Park Dr

City State Zip Code  
Lake View IA 51450-7467

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

Name of Employer Occupation  
Farmers State Bank Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 12 / 2009  
**Transaction ID : 90116.C327759**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Harriet Macomber**

Mailing Address 630 41st St

City State Zip Code  
Des Moines IA 50312-2705

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2009  
**Transaction ID : 90107.C327653**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 13 OF 59
	<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)  
**Republican Party of Iowa**

**A. John Mayne**  
Full Name (Last, First, Middle Initial)

Mailing Address 3832 Nebraska St

City State Zip Code  
Sioux City IA 51104-1407

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

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2009  
**Transaction ID : 90116.C327699**

Amount of Each Receipt this Period  
500.00

Receipt

**B. Fred Nesbit**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 45th Street

City State Zip Code  
Des Moines IA 50312

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

Name of Employer Occupation  
NESBIT DISTRIBUTING OWNER / RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2009  
**Transaction ID : 90129.C327855**

Amount of Each Receipt this Period  
15000.00

Receipt

NOTE: Moved \$5000 to State 2/6

**C. David Palmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 SW Flynn Dr.

City State Zip Code  
Ankeny IA 50021

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

Name of Employer Occupation  
Information Requested Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 13 / 2009  
**Transaction ID : 90116.C327774**

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15600.00
<b>TOTAL</b> 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 14 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. David Palmer**

Mailing Address 213 SW Flynn Dr.

City Ankeny      State IA      Zip Code 50021

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

Name of Employer Information Requested  
 Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 01 / 13 / 2009  
**Transaction ID : 90116.C327773**

Amount of Each Receipt this Period  
 100.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Janet Payer**

Mailing Address 1809 Waterbury Cir

City Ames      State IA      Zip Code 50010-4172

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

Name of Employer n/a      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 01 / 13 / 2009  
**Transaction ID : 90116.C327771**

Amount of Each Receipt this Period  
 365.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Augusta Petrone**

Mailing Address 1608 W Main St

City Marshalltown      State IA      Zip Code 50158-5354

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

Name of Employer n/a      Occupation Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 01 / 08 / 2009  
**Transaction ID : 90116.C327692**

Amount of Each Receipt this Period  
 365.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 830.00

**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 15 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Republican Party of Iowa**

**A. Stephen Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 10th St Ste 1300  
 City Des Moines State IA Zip Code 50309-3616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Davis Law Firm Occupation Attorney At Law  
 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  
 01 / 05 / 2009  
**Transaction ID : 90107.C327641**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**B. Edward Roth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2820 Claiborne Circle  
 City Urbandale State IA Zip Code 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2009  
**Transaction ID : 90116.C327778**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**C. John Ruan III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Foster Dr  
 City Des Moines State IA Zip Code 50312-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ruan Center Corp. Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2009  
**Transaction ID : 90122.C327788**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**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 16 OF 59
	<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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Tamara Stein**

Mailing Address 2975 Highway 22

City Muscatine	State IA	Zip Code 52761-9413
-------------------	-------------	------------------------

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

Name of Employer Muscatine Trinity Hospital	Occupation Registered Nurse
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	22	/	2009

**Transaction ID : 90126.C327825**

Amount of Each Receipt this Period  

600.00
--------

Receipt

Full Name (Last, First, Middle Initial)  
**B. Christine Stineman**

Mailing Address 163 57th Ct.

City West Des Moines	State IA	Zip Code 50265
-------------------------	-------------	-------------------

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

Name of Employer Self	Occupation Consultant
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	22	/	2009

**Transaction ID : 90126.C327827**

Amount of Each Receipt this Period  

500.00
--------

Receipt

Full Name (Last, First, Middle Initial)  
**c. Charles Sukup**

Mailing Address 2418 Vine Ave

City Dougherty	State IA	Zip Code 50433-7513
-------------------	-------------	------------------------

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

Name of Employer Sukup Manufacturing Co.	Occupation Manager
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	06	/	2009

**Transaction ID : 90107.C327655**

Amount of Each Receipt this Period  

500.00
--------

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1600.00</b>
<b>TOTAL</b> 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 17 OF 59
	<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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Marvin Walter**

Mailing Address 2860 Greensboro Cir

City Ames State IA Zip Code 50010-8917

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

Name of Employer n/a Occupation Self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 20 / 2009**

**Transaction ID : 90122.C327802**

Amount of Each Receipt this Period  
**365.00**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Marjorie Ziskovsky**

Mailing Address 109 S Broadway St

City Toledo State IA Zip Code 52342-1311

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

Name of Employer n/a Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2009**

**Transaction ID : 90122.C327786**

Amount of Each Receipt this Period  
**500.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Edward Hamm**

Mailing Address 243 S. Beach Rd.

City Hobe Sound State FL Zip Code 33455

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

Name of Employer Acoma Oil Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 07 / 2009**

**Transaction ID : 90116.C327690**

Amount of Each Receipt this Period  
**200.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1065.00</b>
<b>TOTAL</b> 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 18 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Jerry Behn**

Mailing Address 1313 Quill Ave

City State Zip Code  
 Boone IA 50036-7575

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

Name of Employer Occupation  
 State of Iowa State Senator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2009  
**Transaction ID : 90116.C327698**

Amount of Each Receipt this Period  
 500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. David Van Ahn**

Mailing Address 821 17th ST

City State Zip Code  
 West Des Moines IA 50265-3452

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

Name of Employer Occupation  
 Heartland Invstmnt & Insurance Health Insurance Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2009  
**Transaction ID : 90217.C327876**

Amount of Each Receipt this Period  
 365.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. James Stein**

Mailing Address 2975 Highway 22

City State Zip Code  
 Muscatine IA 52761-9413

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

Name of Employer Occupation  
 JP Stein Veterinarian

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2009  
**Transaction ID : 90126.C327824**

Amount of Each Receipt this Period  
 600.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1465.00

**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 19 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial) <b>A. Robert Burnett</b>		Date of Receipt
Mailing Address 2942 Sioux Ct		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
City	State	Zip Code
Des Moines	IA	50321-1446
FEC ID number of contributing federal political committee.		Transaction ID : <b>90116.C327735</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Receipt
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Gilliland</b>		Date of Receipt
Mailing Address 5853 Meadow Valley Ct.		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
City	State	Zip Code
West Des Moines	IA	50266
FEC ID number of contributing federal political committee.		Transaction ID : <b>90107.C327654</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	Receipt
Assoc.of Business & Ind.	Attorney At Law	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Rogers</b>		Date of Receipt
Mailing Address 1328 43rd St		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
City	State	Zip Code
Des Moines	IA	50311-2504
FEC ID number of contributing federal political committee.		Transaction ID : <b>90116.C327697</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Receipt
I-NEDA	Director of Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3165.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 20 OF 59
	<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)  
**Republican Party of Iowa**

**A. Winifred Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3524 Grand Avenue #206

City Des Moines	State IA	Zip Code 50312
--------------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2009

**Transaction ID : 90116.C327772**

Amount of Each Receipt this Period  
9000.00

Receipt

**B. Reinhold Hoffmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Jackson

City Sioux City	State IA	Zip Code 51104
--------------------	-------------	-------------------

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

Name of Employer Smith Barney	Occupation Financial Advisor
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2009

**Transaction ID : 90116.C327693**

Amount of Each Receipt this Period  
500.00

Receipt

**C. Mario Giannasi**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 Laurel St Apt 2

City Waukee	State IA	Zip Code 50263-8526
----------------	-------------	------------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2009

**Transaction ID : 90107.C327662**

Amount of Each Receipt this Period  
300.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9800.00
<b>TOTAL</b> 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 21 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)  
**A. Michael St Clair**

Mailing Address 3203 SW Court Ave

City Ankeny    State IA    Zip Code 50023

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

Name of Employer Self    Occupation Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 01 / 20 / 2009  
**Transaction ID : 90122.C327801**

Amount of Each Receipt this Period  
500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Harlan Hockenber**

Mailing Address 2100 Westown Parkway, Suite 210

City West Des Moines    State IA    Zip Code 50265

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

Name of Employer Coppola Law Firm    Occupation Lawyer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 01 / 13 / 2009  
**Transaction ID : 90116.C327777**

Amount of Each Receipt this Period  
500.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Peter Cownie**

Mailing Address 686 58th Place

City West Des Moines    State IA    Zip Code 50266

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

Name of Employer Junior Achievement of Central    Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 01 / 20 / 2009  
**Transaction ID : 90126.C327821**

Amount of Each Receipt this Period  
365.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1365.00

**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 22 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial) <b>A. James Maples</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2009 <b>Transaction ID : 90116.C327667</b>
Mailing Address 1515 W 17th St S PO Box 175		Amount of Each Receipt this Period 500.00
City Newton	State IA	Zip Code 50208-5600
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jamie Tucker</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2009 <b>Transaction ID : 90129.C327851</b>
Mailing Address 2237 46th St NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20007-1032
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Akin Gump	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	60930.00

# 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 23 OF 59
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

**A. Grassley Committee, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

FEC ID number of contributing federal political committee. **C** C00230482

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2009  
**Transaction ID : 90116.C327743**

Amount of Each Receipt this Period  
 105.00

Receipt

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	105.00

**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 24 OF 59
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Republican Party of Iowa**

**A. Grassley Committee, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1000  
 City Des Moines State IA Zip Code 50304-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2009  
**Transaction ID : 90116.C327741**  
 Amount of Each Receipt this Period  
 450.00  
 Offsets to Operating Expenditu  
 NOTE: Jan-Mar Rent

**B. Gordon Pennoyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 E 97th St Apt 6B  
 City New York State NY Zip Code 10029-6969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a Student  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 287.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2009  
**Transaction ID : 90122.C327791**  
 Amount of Each Receipt this Period  
 287.44  
 Offsets to Operating Expenditu  
 NOTE: Cobra- Health

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	737.44
<b>TOTAL</b> This Period (last page this line number only).....▶	737.44



**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Bill Anderson II**

Mailing Address PO Box 3021

City State Zip Code  
Sioux City IA 51102-3021

Purpose of Disbursement  
Lodging-Holiday Inn Des Moines IA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2009

**Transaction ID : 90217.E34461**

Amount of Each Disbursement this Period

95.15
-------

LODGING-HOLIDAY INN DES MOINES IA

Full Name (Last, First, Middle Initial)

**B. Reed Copywriting**

Mailing Address 131 Glyn Tawel Drive

City State Zip Code  
Granville OH 43023-

Purpose of Disbursement  
Generic - Copywriting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	07	/	2009

**Transaction ID : 90217.E34503**

Amount of Each Disbursement this Period

400.00
--------

GENERIC - COPYWRITING

Full Name (Last, First, Middle Initial)

**C. Holiday Inn - Sixth Avenue**

Mailing Address 1050 6th Avenue

City State Zip Code  
Des Moines IA 50314-

Purpose of Disbursement  
Lodging-Holiday Inn Des Moines

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2009

**Transaction ID : 90217.E34477**

Amount of Each Disbursement this Period

302.40
--------

LODGING-HOLIDAY INN DES MOINES

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

797.55
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Contemporary Catering**

Mailing Address 60 School Street P. O. Box 178

City Carlisle State IA Zip Code 50047-

Purpose of Disbursement  
Generic Catering Service

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	5		2	0	0	9

Transaction ID : 90217.E34466

Amount of Each Disbursement this Period

3	7	3	.	3	6
---	---	---	---	---	---

GENERIC CATERING SERVICE

Full Name (Last, First, Middle Initial)

**B. Stewart Iverson**

Mailing Address Clarion, IA 50525

City Clarion State IA Zip Code 50525-

Purpose of Disbursement  
Cell Phone

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	5		2	0	0	9

Transaction ID : 90217.E34514

Amount of Each Disbursement this Period

1	1	0	.	9	9
---	---	---	---	---	---

CELL PHONE

Full Name (Last, First, Middle Initial)

**C. Kim Lehman**

Mailing Address 5873 Dogwood Ln

City Johnston State IA Zip Code 50131-1625

Purpose of Disbursement  
Meal

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	2		2	0	0	9

Transaction ID : 90217.E34485

Amount of Each Disbursement this Period

7	7	.	2	3
---	---	---	---	---

MEAL

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

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

5	6	1	.	5	8
---	---	---	---	---	---

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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Embassy Suites**

Mailing Address 101 East Locust St

City DES MOINES State IA Zip Code 50309-

Purpose of Disbursement  
Generic Event Catering Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2009

Transaction ID : 90217.E34474

Amount of Each Disbursement this Period

475.00

GENERIC EVENT CATERING SERVICE

Full Name (Last, First, Middle Initial)

**B. Darrell Kearney**

Mailing Address 2306 Glenwood Dr

City Des Moines State IA Zip Code 50321-1528

Purpose of Disbursement  
Generic Fundraising Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2009

Transaction ID : 90217.E34470

Amount of Each Disbursement this Period

2408.69

GENERIC FUNDRAISING CATERING

Full Name (Last, First, Middle Initial)

**C. Direct Mail Systems, Inc.**

Mailing Address 12450 Automobile Blvd.

City Clearwater State FL Zip Code 33762-

Purpose of Disbursement  
Generic - Fundraising Direct Mail

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2009

Transaction ID : 90217.E34472

Amount of Each Disbursement this Period

2235.00

GENERIC - FUNDRAISING DIRECT MAIL

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

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

5118.69

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Leon Mosley**

Mailing Address 99 Mosley Street

City Waterloo State IA Zip Code 50703-

Purpose of Disbursement  
Fundraising Ticket

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	0	9		

**Transaction ID : 90217.E34491**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

FUNDRAISING TICKET

Full Name (Last, First, Middle Initial)

**B. Stephen Scheffler**

Mailing Address 5112 Tamara Ln

City WEST DES MOINES State IA Zip Code 50265-

Purpose of Disbursement  
(8) meals under \$65

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 90217.E34511**

Amount of Each Disbursement this Period

2	0	9	.	3	5
---	---	---	---	---	---

(8) MEALS UNDER \$65

Full Name (Last, First, Middle Initial)

**C. Stephen Scheffler**

Mailing Address 5112 Tamara Ln

City WEST DES MOINES State IA Zip Code 50265-

Purpose of Disbursement  
Luggage/cab

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 90217.E34512**

Amount of Each Disbursement this Period

1	1	3	.	0	0
---	---	---	---	---	---

LUGGAGE/CAB

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

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

3	4	7	.	3	5
---	---	---	---	---	---

3	4	7	.	3	5
---	---	---	---	---	---

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Luke Martz**

Mailing Address 2240 7th Ave E, Suite 5

City Marion State IA Zip Code 52302-

Purpose of Disbursement  
Copies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

Transaction ID : 90217.E34498

Amount of Each Disbursement this Period

98.11

COPIES

Full Name (Last, First, Middle Initial)

**B. Luke Martz**

Mailing Address 2240 7th Ave E, Suite 5

City Marion State IA Zip Code 52302-

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

Transaction ID : 90217.E34497

Amount of Each Disbursement this Period

65.00

POSTAGE

Full Name (Last, First, Middle Initial)

**C. Luke Martz**

Mailing Address 2240 7th Ave E, Suite 5

City Marion State IA Zip Code 52302-

Purpose of Disbursement  
(3) meals under \$200

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

Transaction ID : 90217.E34496

Amount of Each Disbursement this Period

233.80

(3) MEALS UNDER \$200

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

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

396.91

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Kim Lehman**

Mailing Address 5873 Dogwood Ln

City Johnston State IA Zip Code 50131-1625

Purpose of Disbursement  
Airfare-Midwest Airlines

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID : 90217.E34483**

Amount of Each Disbursement this Period

493.99

AIRFARE-MIDWEST AIRLINES

Full Name (Last, First, Middle Initial)

**B. Luke Martz**

Mailing Address 2240 7th Ave E, Suite 5

City Marion State IA Zip Code 52302-

Purpose of Disbursement  
Mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34495**

Amount of Each Disbursement this Period

224.64

MILEAGE

Full Name (Last, First, Middle Initial)

**C. Jason Hutcheson**

Mailing Address Box 521

City Morning Sun State IA Zip Code 52640-

Purpose of Disbursement  
Mileage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2009

**Transaction ID : 90217.E34480**

Amount of Each Disbursement this Period

373.23

MILEAGE

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

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

1091.86

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Leon Mosley**

Mailing Address 99 Mosley Street

City Waterloo State IA Zip Code 50703-

Purpose of Disbursement  
Co-Chairmans Allowance

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	5		2	0	0	9

**Transaction ID : 90217.E34487**

Amount of Each Disbursement this Period

2	6	5	.	1	6
---	---	---	---	---	---

CO-CHAIRMAN'S ALLOWANCE

Full Name (Last, First, Middle Initial)

**B. Leon Mosley**

Mailing Address 99 Mosley Street

City Waterloo State IA Zip Code 50703-

Purpose of Disbursement  
Mileage

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	9		2	0	0	9

**Transaction ID : 90217.E34489**

Amount of Each Disbursement this Period

3	5	3	.	1	0
---	---	---	---	---	---

MILEAGE

Full Name (Last, First, Middle Initial)

**C. Kim Lehman**

Mailing Address 5873 Dogwood Ln

City Johnston State IA Zip Code 50131-1625

Purpose of Disbursement  
Lodging-Hyatt Regency Washington

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	2		2	0	0	9

**Transaction ID : 90217.E34482**

Amount of Each Disbursement this Period

6	5	9	.	2	2
---	---	---	---	---	---

LODGING-HYATT REGENCY WASHINGTON

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

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

1	2	7	.	4	8
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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Leon Mosley**

Mailing Address 99 Mosley Street

City Waterloo State IA Zip Code 50703-

Purpose of Disbursement  
Co-Chair Allowance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2009

**Transaction ID : 90217.E34488**

Amount of Each Disbursement this Period

151.51

CO-CHAIR ALLOWANCE

Full Name (Last, First, Middle Initial)

**B. Stephen Scheffler**

Mailing Address 5112 Tamara Ln

City WEST DES MOINES State IA Zip Code 50265-

Purpose of Disbursement  
Airfaire-Delta Airlines

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34510**

Amount of Each Disbursement this Period

639.00

AIRFAIRE-DELTA AIRLINES

Full Name (Last, First, Middle Initial)

**C. Direct Mail Systems, Inc.**

Mailing Address 12450 Automobile Blvd.

City Clearwater State FL Zip Code 33762-

Purpose of Disbursement  
Generic - Fundraising Direct Mail

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID : 90217.E34473**

Amount of Each Disbursement this Period

3072.45

GENERIC - FUNDRAISING DIRECT MAIL

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

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

3862.96



**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Reid Houser**

Mailing Address PO Box 462

City State Zip Code  
Treynor IA 51575-

Purpose of Disbursement  
Mileage

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
0	1		2	2		2	0	0	9

**Transaction ID : 90217.E34504**

Amount of Each Disbursement this Period

4	0	1	.	9	0
---	---	---	---	---	---

MILEAGE

Full Name (Last, First, Middle Initial)

**B. Leon Mosley**

Mailing Address 99 Mosley Street

City State Zip Code  
Waterloo IA 50703-

Purpose of Disbursement  
(3) Meals under \$6

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
0	1		2	9		2	0	0	9

**Transaction ID : 90217.E34490**

Amount of Each Disbursement this Period

1	5	.	8	9
---	---	---	---	---

(3) MEALS UNDER \$6

Full Name (Last, First, Middle Initial)

**C. Image Transform, LTD.**

Mailing Address 1152 Gateway Dr

City State Zip Code  
Grimes IA 50111-4810

Purpose of Disbursement  
Press Conference Backdrop

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
0	1		2	2		2	0	0	9

**Transaction ID : 90217.E34478**

Amount of Each Disbursement this Period

3	7	1	.	0	0
---	---	---	---	---	---

PRESS CONFERENCE BACKDROP

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

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

7	8	8	.	7	9
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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. US Postmaster**

Mailing Address 1165 2nd ave

City Des Moines State IA Zip Code 50318-9704

Purpose of Disbursement  
Generic Postage

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID : 90217.E34520**

Amount of Each Disbursement this Period  
500.00

GENERIC POSTAGE

Full Name (Last, First, Middle Initial)

**B. Matt Strawn**

Mailing Address 702 S. W. Coventry Circle

City Ankeny State IA Zip Code 50021-

Purpose of Disbursement  
Chairmans Allowance

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34500**

Amount of Each Disbursement this Period  
1704.60

CHAIRMANS ALLOWANCE

Full Name (Last, First, Middle Initial)

**C. Republican Party of Iowa - State Account**

Mailing Address State Account  
621 East Ninth Street

City Des Moines State IA Zip Code 50309-

Purpose of Disbursement  
Deposit Correction 01/08/09-Joseph

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34506**

Amount of Each Disbursement this Period  
365.00

DEPOSIT CORRECTION 01/08/09-JOSEPH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2569.60

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

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Luke Martz**

Mailing Address 2240 7th Ave E, Suite 5

City Marion State IA Zip Code 52302-

Purpose of Disbursement  
Shipping/Markers/Paper

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34494**

Amount of Each Disbursement this Period

122.70

SHIPPING/MARKERS/PAPER

Full Name (Last, First, Middle Initial)

**B. Stephen Scheffler**

Mailing Address 5112 Tamara Ln

City WEST DES MOINES State IA Zip Code 50265-

Purpose of Disbursement  
Lodging-Hyatt Washington D.C.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID : 90217.E34509**

Amount of Each Disbursement this Period

708.99

LODGING-HYATT WASHINGTON D.C.

Full Name (Last, First, Middle Initial)

**C. Stewart Iverson**

Mailing Address Clarion, IA 50525

City Clarion State IA Zip Code 50525-

Purpose of Disbursement  
Chairman Allowance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2009

**Transaction ID : 90217.E34516**

Amount of Each Disbursement this Period

454.52

CHAIRMAN ALLOWANCE

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

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

1286.21

**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Kim Lehman**

Mailing Address 5873 Dogwood Ln

City Johnston State IA Zip Code 50131-1625

Purpose of Disbursement  
Airfaire-Northwest Airlines

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	2		2	0	0	9

**Transaction ID : 90217.E34484**

Amount of Each Disbursement this Period

4	6	8	.	9	9
---	---	---	---	---	---

AIRFAIRE-NORTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

**B. Lisa Smith**

Mailing Address 224 Ottumwa St

City OTTUMWA State IA Zip Code 52501-

Purpose of Disbursement  
Mileage

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	0	9

**Transaction ID : 90217.E34492**

Amount of Each Disbursement this Period

2	1	4	.	1	1
---	---	---	---	---	---

MILEAGE

Full Name (Last, First, Middle Initial)

**C. Kim Lehman**

Mailing Address 5873 Dogwood Ln

City Johnston State IA Zip Code 50131-1625

Purpose of Disbursement  
Taxi/Luggage Fee

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	2		2	0	0	9

**Transaction ID : 90217.E34486**

Amount of Each Disbursement this Period

6	6	.	0	0
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TAXI/LUGGAGE FEE

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

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

7	4	9	.	1	0
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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Lisa Smith**

Mailing Address 224 Otumwa St

City OTTUMWA State IA Zip Code 52501-

Purpose of Disbursement  
meal

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
0	1		0	7		2	0	0	9

**Transaction ID : 90217.E34493**

Amount of Each Disbursement this Period

8	.	4	9
---	---	---	---

MEAL

Full Name (Last, First, Middle Initial)

**B. Stewart Iverson**

Mailing Address Clarion, IA 50525

City Clarion State IA Zip Code 50525-

Purpose of Disbursement  
Mileage

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
0	1		1	5		2	0	0	9

**Transaction ID : 90217.E34513**

Amount of Each Disbursement this Period

4	8	2	.	5	5
---	---	---	---	---	---

MILEAGE

Full Name (Last, First, Middle Initial)

**C. Bill Anderson II**

Mailing Address PO Box 3021

City Sioux City State IA Zip Code 51102-3021

Purpose of Disbursement  
Mileage

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
0	1		2	2		2	0	0	9

**Transaction ID : 90217.E34460**

Amount of Each Disbursement this Period

7	2	8	.	3	3
---	---	---	---	---	---

MILEAGE

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

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

1	2	1	9	.	3	7
---	---	---	---	---	---	---

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**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)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Stewart Iverson**

Mailing Address Clarion, IA 50525

City Clarion State IA Zip Code 50525-

Purpose of Disbursement  
Chairmans Allowance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2009

**Transaction ID : 90217.E34515**

Amount of Each Disbursement this Period

795.48
--------

CHAIRMANS ALLOWANCE

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

Amount of Each Disbursement this Period

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

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

795.48
--------

20862.93
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**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Eric Johansen**

Mailing Address 304 NW 8th Street

City Grimes State IA Zip Code 50111-

Purpose of Disbursement  
VOIDED CHECK

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	5		2	0	0	9

Transaction ID : 20323.E50033

Amount of Each Disbursement this Period

-	2	9	5	4	.	3	9
---	---	---	---	---	---	---	---

VOIDED CHECK

Full Name (Last, First, Middle Initial)

**B. Eric Johansen**

Mailing Address 304 NW 8th Street

City Grimes State IA Zip Code 50111-

Purpose of Disbursement  
SEE BELOW: Reimbursed FEA 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		1	5		2	0	0	9

Transaction ID : 20323.E50034

Amount of Each Disbursement this Period

2	9	5	4	.	3	9
---	---	---	---	---	---	---

SEE BELOW: REIMBURSED FEA TRAVEL

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address PO Box 20706

City ATLANTA State GA Zip Code 30320-

Purpose of Disbursement  
Johansen - Airfare

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	5		2	0	0	9

Transaction ID : 20326.E50042

Amount of Each Disbursement this Period

1	0	1	7	.	4	7
---	---	---	---	---	---	---

**[MEMO ITEM]**  
MEMO: JOHANSEN - AIRFARE

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

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

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

Full Name (Last, First, Middle Initial)

**A. Eric Johansen**

Mailing Address 304 NW 8th Street

City Grimes State IA Zip Code 50111-

Purpose of Disbursement  
Johansen - Mileage Reimbursement

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  
01 / 15 / 2009

**Transaction ID : 20326.E50078**

Amount of Each Disbursement this Period

500.18

**[MEMO ITEM]**

MEMO: JOHANSEN - MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

**B. Penske Truck Leasing Co., L.P.**

Mailing Address Penske Truck Leasing Co.  
4101 NE 14th

City Des Moines State IA Zip Code 50313-3133

Purpose of Disbursement  
Johansen - Truck Rental

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  
01 / 15 / 2009

**Transaction ID : 20326.E50080**

Amount of Each Disbursement this Period

462.56

**[MEMO ITEM]**

MEMO: JOHANSEN - TRUCK RENTAL

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)..... ▶

0.00

0.00



SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Republican Party of Iowa** Transaction ID : **LS10418.E45949**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) McIntee for Congress	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address no mailing address available	
City Des Moines State IA ZIP Code 50309-	

Original Amount of Loan 4023.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4023.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4023.00"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Republican Party of Iowa** Transaction ID : **LS041220038E7579**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lockhard for Congress	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 12010	
City Des Moines State IA ZIP Code 50312-	

Original Amount of Loan 3700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3700.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3700.00"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text" value="7723.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 59
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stephen Scheffler</b>	Nature of Debt (Purpose): Lodging-Hilton Wash DC
Mailing Address 5112 Tamara Ln	
City State Zip Code WEST DES MOINES IA 50265-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : LS90218.E34545</b>	
Amount Incurred This Period <input type="text" value="512.96"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="512.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stephen Scheffler</b>	Nature of Debt (Purpose): Lodging-Hyatt Washington D.C.
Mailing Address 5112 Tamara Ln	
City State Zip Code WEST DES MOINES IA 50265-	

Outstanding Balance Beginning This Period <input type="text" value="708.99"/>	<b>Transaction ID : LS90217.E34509</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="708.99"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stephen Scheffler</b>	Nature of Debt (Purpose): Airfaire-Delta Airlines
Mailing Address 5112 Tamara Ln	
City State Zip Code WEST DES MOINES IA 50265-	

Outstanding Balance Beginning This Period <input type="text" value="639.00"/>	<b>Transaction ID : LS90217.E34510</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="639.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="512.96"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 59
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Direct Mail Systems, Inc.</b>	Nature of Debt (Purpose): Generic Fundraising Direct Mail
Mailing Address 12450 Automobile Blvd.	
City State Zip Code Clearwater FL 33762-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS90218.E34542</b>	
Amount Incurred This Period 1400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Direct Mail Systems, Inc.</b>	Nature of Debt (Purpose): Generic - Fundraising Direct Mail
Mailing Address 12450 Automobile Blvd.	
City State Zip Code Clearwater FL 33762-	

Outstanding Balance Beginning This Period 5307.45	<b>Transaction ID : LS90217.E34472</b>	
Amount Incurred This Period 0.00	Payment This Period 5307.45	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>John Ortega</b>	Nature of Debt (Purpose): Mileage
Mailing Address 2360 West Dale Court	
City State Zip Code Bettendorf IA 52722-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS90218.E34543</b>	
Amount Incurred This Period 894.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 894.61

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2294.61
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 59
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Republican Party of Iowa**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Richman Yard Service / Snow Removal</b>	Nature of Debt (Purpose): Snow Removal
Mailing Address 691 38th Street	
City State Zip Code Des Moines IA 50312-	

Outstanding Balance Beginning This Period 700.00	Transaction ID : LS90218.E34541	
Amount Incurred This Period 0.00	Payment This Period 700.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kim Lehman</b>	Nature of Debt (Purpose): Lodging-Hyatt Regency Washington
Mailing Address 5873 Dogwood Ln	
City State Zip Code Johnston IA 50131-1625	

Outstanding Balance Beginning This Period 659.22	Transaction ID : LS90217.E34482	
Amount Incurred This Period 0.00	Payment This Period 659.22	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Reid Houser</b>	Nature of Debt (Purpose): Mileage
Mailing Address PO Box 462	
City State Zip Code Treyvor IA 51575-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS90218.E34544	
Amount Incurred This Period 800.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.25

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	800.25
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	3607.82
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	3607.82

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Republican Party of Iowa

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
State Account RPI- State Account	MM / DD / YYYY 01 / 12 / 2009	21000.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	21000.00
<b>Transaction ID : H390116.C327768</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	21000.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	21000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

A. Full Name (Last, First, Middle Initial) <b>Advance Delivery</b>		Transaction ID : <b>H490217.E34457</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 35604				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Des Moines IA 50315-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Delivery Service		Category/ Type		Allocated Activity or Event Year-To-Date 315.00	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
66.15				248.85	
		=		TOTAL AMOUNT	
				315.00	

B. Full Name (Last, First, Middle Initial) <b>Bankers Trust Company, N.A.</b>		Transaction ID : <b>H490217.E34459</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P. O. Box 897				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Des Moines IA 50309-0897				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Bank Charges		Category/ Type		Allocated Activity or Event Year-To-Date 1370.04	
Activity or Event Identifier: ADMINISTRATION B 3				Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
18.78				70.67	
		=		TOTAL AMOUNT	
				89.45	

C. Full Name (Last, First, Middle Initial) <b>Capitol Coffee</b>		Transaction ID : <b>H490217.E34463</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5421 Westwood Circle				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code West Des Moines IA 50266-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Coffee		Category/ Type		Allocated Activity or Event Year-To-Date 11617.78	
Activity or Event Identifier: ADMINISTRATION B 3				Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
6.40				24.06	
		=		TOTAL AMOUNT	
				30.46	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.33		343.58		434.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Carolyn McGoldrick</b> Mailing Address 1032 Bradford Place		<b>Transaction ID : H490217.E34465</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code West Des Moines IA 50266-		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 22719.00	
Purpose of Disbursement: Health Care Premiums		<input type="text"/>		Date <input type="text"/> 01 / <input type="text"/> 22 / <input type="text"/> 2009	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>		Category/ Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		<input type="text"/> 51.05 <input type="text"/> 192.05 <input type="text"/> 243.10			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Culligan Water Conditioning</b> Mailing Address PO Box 65065		<b>Transaction ID : H490217.E34467</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code West Des Moines IA 50265-0065		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 1386.69	
Purpose of Disbursement: Water		<input type="text"/>		Date <input type="text"/> 01 / <input type="text"/> 15 / <input type="text"/> 2009	
Activity or Event Identifier: ADMINISTRATION B 3		Category/ Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		<input type="text"/> 3.50 <input type="text"/> 13.15 <input type="text"/> 16.65			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Darrell Kearney</b> Mailing Address 2306 Glenwood Dr		<b>Transaction ID : H490217.E34468</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Des Moines IA 50321-1528		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 638.47	
Purpose of Disbursement: Mileage/2 meals under \$85		<input type="text"/>		Date <input type="text"/> 01 / <input type="text"/> 07 / <input type="text"/> 2009	
Activity or Event Identifier: ADMINISTRATION B 3		Category/ Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		<input type="text"/> 40.87 <input type="text"/> 153.77 <input type="text"/> 194.64			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 95.42		<input type="text"/> 358.97		<input type="text"/> 454.39

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

A. Full Name (Last, First, Middle Initial) <b>Darrell Kearney</b>		Transaction ID : <b>H490217.E34469</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2306 Glenwood Dr				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Des Moines IA 50321-1528				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Health Insurance		Category/ Type		Allocated Activity or Event Year-To-Date 875.59	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="49.80"/>		<input type="text" value="187.32"/>		<input type="text" value="237.12"/>	

B. Full Name (Last, First, Middle Initial) <b>Des Moines Water Works</b>		Transaction ID : <b>H490217.E34471</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 9227				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Des Moines IA 50306-9227				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Water Service		Category/ Type		Allocated Activity or Event Year-To-Date 1605.59	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="6.30"/>		<input type="text" value="23.70"/>		<input type="text" value="30.00"/>	

C. Full Name (Last, First, Middle Initial) <b>FedEx Kinkos</b>		Transaction ID : <b>H490217.E34475</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P. O. Box 672085				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Dallas TX 75267-2085				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Delivery Service		Category/ Type		Allocated Activity or Event Year-To-Date 27675.19	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
<input type="text" value="3.59"/>		<input type="text" value="13.49"/>		<input type="text" value="17.08"/>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="59.69"/>		<input type="text" value="224.51"/>		<input type="text" value="284.20"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text" value="59.69"/>	<input type="text" value="224.51"/>	<input type="text" value="284.20"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34479</b> <b>State of Iowa - Workforce Development</b> Mailing Address PO Box 9231		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code Des Moines IA 50306-9231	Purpose of Disbursement: Payroll Taxes	Allocated Activity or Event Year-To-Date 24334.56
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="339.27"/> + <input type="text" value="1276.29"/> = <input type="text" value="1615.56"/>		

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34481</b> <b>Judis Cleaning Service</b> Mailing Address 2900 Westown Parkway, Ste 130		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code West Des Moines IA 50266-	Purpose of Disbursement: Cleaning Service	Allocated Activity or Event Year-To-Date 29211.72
Activity or Event Identifier: ADMINISTRATION B 3	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="111.30"/> + <input type="text" value="418.70"/> = <input type="text" value="530.00"/>		

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34501</b> <b>Mid American Energy</b> Mailing Address PO Box 8020		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code Davenport IA 52808-8020	Purpose of Disbursement: Electric & gas	Allocated Activity or Event Year-To-Date 2341.02
Activity or Event Identifier: ADMINISTRATION B 3	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="200.41"/> + <input type="text" value="753.92"/> = <input type="text" value="954.33"/>		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="650.98"/>		<input type="text" value="2448.91"/>		<input type="text" value="3099.89"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

Form A: Rhodes, Wieder & Ellis PC. Transaction ID: H490217.E34507. Allocated Activity or Event: Administrative. Date: 01/15/2009. Total Amount: 6170.85.

Form B: Stitzell Electric Supply Co., Inc. Transaction ID: H490217.E34517. Allocated Activity or Event: Administrative. Date: 01/07/2009. Total Amount: 128.83.

Form C: The Dana Company. Transaction ID: H490217.E34518. Allocated Activity or Event: Administrative. Date: 01/22/2009. Total Amount: 1538.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1645.91, 6191.77, 7837.68.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34519</b> <b>Treasurer, State Of Iowa</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Hoover Office Building		Allocated Activity or Event Year-To-Date 27259.56	
City State Zip Code Des Moines IA 50319-	Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll Taxes	Category/Type <input type="text"/>		
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="291.27"/> + <input type="text" value="1095.73"/> = <input type="text" value="1387.00"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34521</b> <b>United HealthCare Insurance Company</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept. CH 10151		Allocated Activity or Event Year-To-Date 28681.72	
City State Zip Code Palatine IL 60055-0151	Date <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Group Health Insurance Coverage	Category/Type <input type="text"/>		
Activity or Event Identifier: ADMINISTRATION B 3			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="211.37"/> + <input type="text" value="795.16"/> = <input type="text" value="1006.53"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34522</b> <b>United States Treasury</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Internal Revenue Service Center		Allocated Activity or Event Year-To-Date 10040.10	
City State Zip Code Kansas City MO 64999-	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll Taxes	Category/Type <input type="text"/>		
Activity or Event Identifier: ADMINISTRATION B 3			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="765.56"/> + <input type="text" value="2879.98"/> = <input type="text" value="3645.54"/>			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1268.20"/>		<input type="text" value="4770.87"/>		<input type="text" value="6039.07"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34523</b> <b>United States Treasury</b> Mailing Address Internal Revenue Service Center		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Kansas City MO 64999-	Allocated Activity or Event Year-To-Date 27658.11		
Purpose of Disbursement: Payroll Taxes	<input type="checkbox"/>	Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>	<input type="text"/>	Date <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="83.70"/> + <input type="text" value="314.85"/> = <input type="text" value="398.55"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34524</b> <b>United States Treasury</b> Mailing Address Internal Revenue Service Center		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Kansas City MO 64999-	Allocated Activity or Event Year-To-Date 35479.78		
Purpose of Disbursement: Payroll Taxes	<input type="checkbox"/>	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>	
Activity or Event Identifier: ADMINISTRATION B 3	<input type="text"/>	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="743.58"/> + <input type="text" value="2797.26"/> = <input type="text" value="3540.84"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34525</b> <b>Waste Connections Inc.</b> Mailing Address 3071 Dept. 1433		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code Los Angeles CA 90084-1433	Allocated Activity or Event Year-To-Date 2504.52		
Purpose of Disbursement: Trash Removal	<input type="checkbox"/>	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>	
Activity or Event Identifier: ADMINISTRATION B 3	<input type="text"/>	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="34.34"/> + <input type="text" value="129.16"/> = <input type="text" value="163.50"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="861.62"/>		<input type="text" value="3241.27"/>		<input type="text" value="4102.89"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

A. Full Name (Last, First, Middle Initial) <b>Scott Corrie</b>		Transaction ID : <b>H490217.E34526</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1108 Patrick Ct APT 212				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Waterloo State IA Zip Code 50701-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 42190.74	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 30 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
100.06				376.40	
		=		TOTAL AMOUNT	
				476.46	

B. Full Name (Last, First, Middle Initial) <b>Scott Corrie</b>		Transaction ID : <b>H490217.E34527</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1108 Patrick Ct APT 212				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Waterloo State IA Zip Code 50701-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 42667.22	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 30 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
100.06				376.42	
		=		TOTAL AMOUNT	
				476.48	

C. Full Name (Last, First, Middle Initial) <b>Matthew Gronewald</b>		Transaction ID : <b>H490217.E34528</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2651 NW 159th St				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Clive State IA Zip Code 50325-4666				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 13519.14	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 15 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
399.29				1502.07	
		=		TOTAL AMOUNT	
				1901.36	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
599.41		2254.89		2854.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

A. Full Name (Last, First, Middle Initial) <b>Matthew Gronewald</b>		Transaction ID : <b>H490217.E34529</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2651 NW 159th St				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Clive State IA Zip Code 50325-4666				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 38928.37	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 30 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
399.29				1502.08	
		=		TOTAL AMOUNT	
				1901.37	

B. Full Name (Last, First, Middle Initial) <b>Hunter, Caleb J</b>		Transaction ID : <b>H490217.E34530</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Caleb J Hunter 1201 Office Park Rd #504				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City West Des Moines State IA Zip Code 50265-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 3740.70	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 15 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
259.60				976.58	
		=		TOTAL AMOUNT	
				1236.18	

C. Full Name (Last, First, Middle Initial) <b>Eric Johansen</b>		Transaction ID : <b>H490217.E34531</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 304 NW 8th Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Grimes State IA Zip Code 50111-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 11587.32	
Activity or Event Identifier: ADMINISTRATION B 3				Date 01 / 15 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
324.92				1222.30	
		=		TOTAL AMOUNT	
				1547.22	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
983.81		3700.96		4684.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Eric Johansen</b>		<b>Transaction ID : H490217.E34532</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 304 NW 8th Street			Allocated Activity or Event Year-To-Date 37027.00	
City Grimes	State IA	Zip Code 50111-	Date 01 / 30 / 2009	
Purpose of Disbursement: Payroll		Category/ Type	Date	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>			01 / 30 / 2009	
FEDERAL SHARE		+	NONFEDERAL SHARE	
324.92			1222.30	
		=	TOTAL AMOUNT	
			1547.22	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Darrell Kearney</b>		<b>Transaction ID : H490217.E34533</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2306 Glenwood Dr			Allocated Activity or Event Year-To-Date 6030.22	
City Des Moines	State IA	Zip Code 50321-1528	Date 01 / 15 / 2009	
Purpose of Disbursement: Payroll		Category/ Type	Date	
Activity or Event Identifier: ADMINISTRATION B 3			01 / 15 / 2009	
FEDERAL SHARE		+	NONFEDERAL SHARE	
480.80			1808.72	
		=	TOTAL AMOUNT	
			2289.52	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Darrell Kearney</b>		<b>Transaction ID : H490217.E34534</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2306 Glenwood Dr			Allocated Activity or Event Year-To-Date 31501.25	
City Des Moines	State IA	Zip Code 50321-1528	Date 01 / 30 / 2009	
Purpose of Disbursement: Payroll		Category/ Type	Date	
Activity or Event Identifier: ADMINISTRATION B 3			01 / 30 / 2009	
FEDERAL SHARE		+	NONFEDERAL SHARE	
480.80			1808.73	
		=	TOTAL AMOUNT	
			2289.53	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1286.52		4839.75		6126.27

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

A. Full Name (Last, First, Middle Initial) <b>Carolyn McGoldrick</b>		Transaction ID : <b>H490217.E34535</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Carolyn S. McGoldrick 1032 Bradford Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City West Des Moines State IA Zip Code 50266-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 6394.56	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date 01 / 15 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
76.51				287.83	
		=		TOTAL AMOUNT	
				364.34	

B. Full Name (Last, First, Middle Initial) <b>Carolyn McGoldrick</b>		Transaction ID : <b>H490217.E34536</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Carolyn S. McGoldrick 1032 Bradford Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City West Des Moines State IA Zip Code 50266-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 31938.94	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date 01 / 30 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
91.91				345.78	
		=		TOTAL AMOUNT	
				437.69	

C. Full Name (Last, First, Middle Initial) <b>Wesley Peterson</b>		Transaction ID : <b>H490217.E34537</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1433 Mattern Ave				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DES MOINES State IA Zip Code 50316-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/Type		Allocated Activity or Event Year-To-Date 14803.53	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>				Date 01 / 15 / 2009	
FEDERAL SHARE		+		NONFEDERAL SHARE	
269.72				1014.67	
		=		TOTAL AMOUNT	
				1284.39	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
438.14		1648.28		2086.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34538</b> <b>Wesley Peterson</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1433 Mattern Ave		Allocated Activity or Event Year-To-Date 40212.76	
City State Zip Code DES MOINES IA 50316-	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll	<input type="text"/>	Allocated Activity or Event Year-To-Date 40212.76	
Activity or Event Identifier: ADMINISTRATION B 3	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="269.72"/> + <input type="text" value="1014.67"/> = <input type="text" value="1284.39"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34539</b> <b>Nathan Treloar</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2624 40th PI		Allocated Activity or Event Year-To-Date 16305.05	
City State Zip Code Des Moines IA 50310-3940	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll	<input type="text"/>	Allocated Activity or Event Year-To-Date 16305.05	
Activity or Event Identifier: ADMINISTRATION B 3	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="315.32"/> + <input type="text" value="1186.20"/> = <input type="text" value="1501.52"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H490217.E34540</b> <b>Nathan Treloar</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2624 40th PI		Allocated Activity or Event Year-To-Date 41714.28	
City State Zip Code Des Moines IA 50310-3940	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll	<input type="text"/>	Allocated Activity or Event Year-To-Date 41714.28	
Activity or Event Identifier: ADMINISTRATION B 3	Category/ Type	Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="315.32"/> + <input type="text" value="1186.20"/> = <input type="text" value="1501.52"/>			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="900.36"/>		<input type="text" value="3387.07"/>		<input type="text" value="4287.43"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Iowa

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H490218.E34541</b> <b>Richman Yard Service / Snow Removal</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 691 38th Street		Allocated Activity or Event Year-To-Date 1575.59	
City State Zip Code Des Moines IA 50312-	Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Snow Removal	<input type="text"/>	Allocated Activity or Event Year-To-Date 1575.59	
Activity or Event Identifier: <b>ADMINISTRATION B 3</b>		Date <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="147.00"/> + <input type="text" value="553.00"/> = <input type="text" value="700.00"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H490218.E34546</b> <b>Digital Printing, Inc.</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1519 N. Second Avenue		Allocated Activity or Event Year-To-Date 1280.59	
City State Zip Code Des Moines IA 50313-	Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Voided check - printing expense	<input type="text"/>	Allocated Activity or Event Year-To-Date 1280.59	
Activity or Event Identifier: ADMINISTRATION B 3		Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="-68.25"/> + <input type="text" value="-256.75"/> = <input type="text" value="-325.00"/>			

<b>C. Full Name (Last, First, Middle Initial)</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City State Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement:	<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text"/> + <input type="text"/> = <input type="text"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="78.75"/>		<input type="text" value="296.25"/>		<input type="text" value="375.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text" value="8960.14"/>		<input type="text" value="33707.08"/>		<input type="text" value="42667.22"/>