

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
WALT ROGERS FOR IOWA

ADDRESS (number and street) PO BOX 1142
 Check if different than previously reported. (ACC) CEDAR FALLS IA 50613

2. **FEC IDENTIFICATION NUMBER** C C00550582 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IA 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2014 through 03 / 31 / 2014

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 JUSTIN BARTLETT

Signature of Treasurer JUSTIN BARTLETT [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 15 / 2014

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

Write or Type Committee Name
WALT ROGERS FOR IOWA

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 21868.00 | 149152.10 |
| (b) Total Contribution Refunds (from Line 20(d)) | 18200.00 | 18200.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 3668.00 | 130952.10 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 71788.17 | 128466.13 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 143.09 | 143.09 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 71645.08 | 128323.04 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2629.06 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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 3 (Revised 12/2003)

Write or Type Committee Name

WALT ROGERS FOR IOWA

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 13260.00 | 122061.00 |
| (ii) Unitemized..... | 8608.00 | 26519.00 |
| (iii) TOTAL of contributions from individuals ▶ | 21868.00 | 148580.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 72.10 |
| (d) The Candidate..... | 0.00 | 500.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 21868.00 | 149152.10 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 143.09 | 143.09 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 22011.09 | 149295.19 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 71788.17 | 128466.13 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 18200.00 | 18200.00 |
| (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 20(a), (b), and (c))..... | 18200.00 | 18200.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 89988.17 | 146666.13 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 70606.14 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 22011.09 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 92617.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 89988.17 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2629.06 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ARNOLD EWALD BECKER

Mailing Address 3376 INVERNESS RD

City Waterloo State IA Zip Code 50701

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN BRANDT

Mailing Address 2129 12TH AVE E

City Hibbing State MN Zip Code 55746

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period
210.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VIRGINIA BUNTING

Mailing Address 2695 110TH ST

City Barnes City State IA Zip Code 50027

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

810.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. JANET BUSS | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014 | |
| Mailing Address 902 ALTHAUSER AVE | | Transaction ID : SA11AI.5622 | |
| City DUBUQUE | State IA | Zip Code 52001 | Amount of Each Receipt this Period _____ 300.00 CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer INFORMATION REQUESTED | Occupation INFORMATION REQUESTED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 300.00 _____ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. JAMES COWNIE | | Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014 | |
| Mailing Address 141 37TH ST | | Transaction ID : SA11AI.5802 | |
| City DES MOINES | State IA | Zip Code 50312 | Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer SELF-EMPLOYED | Occupation DEVELOPER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 _____ | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) C. KIRK DAHLGREN | | Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014 | |
| Mailing Address 11577 NW PRALINE LN | | Transaction ID : SA11AI.5819 | |
| City PORTLAND | State OR | Zip Code 97229 | Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer SINCERELY TRUMAN | Occupation BUSINESS AFFAIRS | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 _____ | | |

| | |
|---|---------------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1800.00 _____ |
| TOTAL This Period (last page this line number only)..... | _____ _____ |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
BRENT DAHLSTROM

Mailing Address 3538 AUGUSTA CIR

City Waterloo State IA Zip Code 50701

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

Name of Employer DTI Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.5672

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BURTWIN DAY

Mailing Address 1033 16TH AVE

City GRINNELL State IA Zip Code 50112

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

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5815

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DALE EMMERT

Mailing Address 3019 NEOLA ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SIMPSON FURNITURE COMPANY Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.5817

Amount of Each Receipt this Period
 350.00
 CONTRIBUTION

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
WILLIS HANSEN

Mailing Address 2050 WOODLAND DR

City State Zip Code
NEW HAMPTON IA 50659

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER J HOHNSTEIN

Mailing Address 3715 WYNNEWOOD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
WHEATON FRANCISCAN HEALTHCARE ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER J HOHNSTEIN

Mailing Address 3715 WYNNEWOOD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
WHEATON FRANCISCAN HEALTHCARE ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11AI.5834

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

600.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
GARY LEE KARKOSH

Mailing Address 4914 THYME RD

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.5796

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAUL KERN

Mailing Address 74 S GRANDVIEW AVE

City State Zip Code
DUBUQUE IA 52003

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEANN MISTEREK

Mailing Address 117 FEATHERCREST LANE

City State Zip Code
APEX NC 27539

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.5693

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

900.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
DARRYL MOZENA

Mailing Address 900 W 3RD ST

City State Zip Code
DUBUQUE IA 52001

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.5778

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK NECHANICKY

Mailing Address 2943 HWY D65

City State Zip Code
BUCKINGHAM IA 50612

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5804

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL RICHARDS

Mailing Address 5465 MILLS CIVIC PARKWAY SUITE 400

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
KIRK FINANCIAL INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11AI.5689

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1750.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
VICTOR SALAMANCA

Mailing Address 1546 OLYMPIC DR

City Waterloo State IA Zip Code 50701

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

Name of Employer WHEATON FRANCISCAN HEALTHCARE Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CRAIG JOSEPH TAKES

Mailing Address 13578 BURTONS FURNACE RD

City DURANGO State IA Zip Code 52039

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

Name of Employer HTS Occupation NATIONAL DISTRIBUTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.5681

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN VAN HEUKELOM

Mailing Address 2550 DEER LANE RD

City MARION State IA Zip Code 52302

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5809

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 50 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
LAURIE WILLIAMS

Mailing Address 4007 CARLTON DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
OWNER GEARHEAD ENTERPRISES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5709

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL YOUNG

Mailing Address 215 PAULINE PL

City State Zip Code
WATERLOO IA 50701

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

Name of Employer Occupation
DUTTON, BRAUN, STAACK & HELLMAN, PLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARJORIE ZISKOVSKY

Mailing Address 109 S BROADWAY ST

City State Zip Code
TOLEDO IA 52342

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.5718

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1600.00

13260.00

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 708.70 Transaction ID : SB17.5947 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL TAXES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.5940 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 1477.14 Transaction ID : SB17.5948 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL TAXES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2245.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 27.00 Transaction ID : SB17.5944 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.5945 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.5946 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 126.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 15 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 1477.12 Transaction ID : SB17.5951 |
| City ROSELAND State NJ Zip Code 97068 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.5941 |
| City ROSELAND State NJ Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 1475.64 Transaction ID : SB17.5949 |
| City ROSELAND State NJ Zip Code 97068 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3012.26 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 16 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.5942 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 1465.12 Transaction ID : SB17.5950 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL TAXES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP-AUTOMATIC DATA PROCESSING, INC. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 1 ADP BLVD. | | Amount of Each Disbursement this Period 59.50 Transaction ID : SB17.5943 |
| City ROSELAND | State NJ | |
| Zip Code 97068 | Purpose of Disbursement PAYROLL SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1584.12 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | | | | | | | | | | | |
|---|--|--|--------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT | | Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 02 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 02 | | 2014 | | | | | | | | |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>975.42</td> </tr> </table> | 975.42 | | | | | | | | | |
| 975.42 | | | | | | | | | | | | |
| City CEDAR FALLS State IA Zip Code 50613 | Category/Type | | | | | | | | | | | |
| Purpose of Disbursement PAYROLL | | | | | | | | | | | | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | | | | | | | | | | |
| State: District: | | Transaction ID : SB17.5853 | | | | | | | | | | |

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|---|--|--|---------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) B. JUSTIN BARTLETT | | Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 13 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 13 | | 2014 | | | | | | | | |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1492.78</td> </tr> </table> | 1492.78 | | | | | | | | | |
| 1492.78 | | | | | | | | | | | | |
| City CEDAR FALLS State IA Zip Code 50613 | Category/Type | | | | | | | | | | | |
| Purpose of Disbursement PAYROLL | | | | | | | | | | | | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | | | | | | | | | | |
| State: District: | | Transaction ID : SB17.5856 | | | | | | | | | | |

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|---|--|--|---------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) C. JUSTIN BARTLETT | | Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 30 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 30 | | 2014 | | | | | | | | |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1492.78</td> </tr> </table> | 1492.78 | | | | | | | | | |
| 1492.78 | | | | | | | | | | | | |
| City CEDAR FALLS State IA Zip Code 50613 | Category/Type | | | | | | | | | | | |
| Purpose of Disbursement PAYROLL | | | | | | | | | | | | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | | | | | | | | | | |
| State: District: | | Transaction ID : SB17.5859 | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3960.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 1492.78 Transaction ID : SB17.5862 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. JUSTIN BARTLETT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 128.96 Transaction ID : SB17.5870 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement TRAVEL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. JUSTIN BARTLETT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 1492.78 Transaction ID : SB17.5865 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3114.52 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 19 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JOHN BLOCK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 409 N PACIFIC COAST HIGHWAY UNIT 2 | | Amount of Each Disbursement this Period 3000.00 |
| City REDONDO BEACH | State CA Zip Code 90277 | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | Category/Type | Transaction ID : SB17.5850 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. BRUMMEL MADSEN INSURANCE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address 318 MAIN ST | | Amount of Each Disbursement this Period 732.25 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement INSURANCE | Category/Type | Transaction ID : SB17.5924 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. CEDAR FALLS UTILITIES | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address UTILITY PARKWAY | | Amount of Each Disbursement this Period 62.50 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement UTILITIES | Category/Type | Transaction ID : SB17.5995 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3794.75 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CEDAR FALLS UTILITIES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address UTILITY PARKWAY | | Amount of Each Disbursement this Period 67.50 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement UTILITIES | Category/Type | Transaction ID : SB17.5996 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING OF VIRGINIA | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014 |
| Mailing Address PO BOX 365 | | Amount of Each Disbursement this Period 1250.00 |
| City MCLEAN | State VA Zip Code 22101 | |
| Purpose of Disbursement COMPLIANCE CONSULTING | Category/Type | Transaction ID : SB17.5879 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. COMPLIANCE CONSULTING OF VIRGINIA | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address PO BOX 365 | | Amount of Each Disbursement this Period 1250.00 |
| City MCLEAN | State VA Zip Code 22101 | |
| Purpose of Disbursement COMPLIANCE CONSULTING | Category/Type | Transaction ID : SB17.5880 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2567.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. COMPLIANCE CONSULTING OF VIRGINIA | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address PO BOX 365 | | Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.5881 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement COMPLIANCE CONSULTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. DELL | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 2300 WEST PLANO PKWY | | Amount of Each Disbursement this Period 143.09 Transaction ID : SB17.5927 |
| City PLANO | State TX | |
| Zip Code 75075 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. DELL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014 |
| Mailing Address 2300 WEST PLANO PKWY | | Amount of Each Disbursement this Period 296.08 Transaction ID : SB17.5928 |
| City PLANO | State TX | |
| Zip Code 75075 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1689.17 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. DELL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 2300 WEST PLANO PKWY | | Amount of Each Disbursement this Period 270.29 Transaction ID : SB17.5929 |
| City PLANO State TX Zip Code 75075 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. DELL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014 |
| Mailing Address 2300 WEST PLANO PKWY | | Amount of Each Disbursement this Period 270.29 Transaction ID : SB17.5931 |
| City PLANO State TX Zip Code 75075 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. DELL | | Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014 |
| Mailing Address 2300 WEST PLANO PKWY | | Amount of Each Disbursement this Period 26.14 Transaction ID : SB17.5932 |
| City PLANO State TX Zip Code 75075 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 566.72 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. FACEBOOK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 1601 WILLOW RD | | Amount of Each Disbursement this Period 133.70 Transaction ID : SB17.6005 |
| City MENLO PARK | State CA | |
| Zip Code 94025 | Purpose of Disbursement WEB SERVICE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 524.82 Transaction ID : SB17.5854 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| Full Name (Last, First, Middle Initial) C. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.42 Transaction ID : SB17.5857 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1633.94 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.43 Transaction ID : SB17.5860 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.42 Transaction ID : SB17.5863 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 209.60 Transaction ID : SB17.5869 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement TRAVEL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2160.45 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. NATHAN HOHNSTEIN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.43 Transaction ID : SB17.5866 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. HY-VEE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address 5820 WESTOWN PKWY W | | Amount of Each Disbursement this Period 32.34 Transaction ID : SB17.5912 |
| City DES MOINES | State IA | |
| Zip Code 50266 | Purpose of Disbursement FOOD/BEVERAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| Full Name (Last, First, Middle Initial) C. IDONATEPRO | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 2033 SAN ELIJO AVENUE, #203 | | Amount of Each Disbursement this Period 597.00 Transaction ID : SB17.5872 |
| City CARDIFF BY THE SEA | State CA | |
| Zip Code 92007 | Purpose of Disbursement SUBSCRIPTION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1604.77 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. INTUIT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 130.36 |
| City MOUNTAIN VIEW State CA Zip Code 94043 | Purpose of Disbursement PRINTING | |
| Candidate Name | Category/Type | Transaction ID : SB17.5977 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. INTUIT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 2632 MARINE WAY | | Amount of Each Disbursement this Period 26.95 |
| City MOUNTAIN VIEW State CA Zip Code 94043 | Purpose of Disbursement SUBSCRIPTION | |
| Candidate Name | Category/Type | Transaction ID : SB17.5986 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. JOHN BLOCK COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 3219 CARLTON DR | | Amount of Each Disbursement this Period 2500.00 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement POLITICAL STRATEGY CONSULTING | |
| Candidate Name | Category/Type | Transaction ID : SB17.5953 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2657.31 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MAILING SERVICES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 923 N MEADOW ST. | | Amount of Each Disbursement this Period 230.30 Transaction ID : SB17.5874 |
| City RICHMOND State VA Zip Code 23220 | Purpose of Disbursement LIST PURCHASE | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. NAB INVESTMENTS LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 4632 WHISPERING PINES CIR | | Amount of Each Disbursement this Period 1952.20 Transaction ID : SB17.5982 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement RENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. NAB INVESTMENTS LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address 4632 WHISPERING PINES CIR | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5983 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement RENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3682.50 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NAB INVESTMENTS LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 4632 WHISPERING PINES CIR | | Amount of Each Disbursement this Period 2012.40 Transaction ID : SB17.6011 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement RENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. NCCI WRKS COMP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address 901 PENINSULA CORPORATE CIR | | Amount of Each Disbursement this Period 3285.00 Transaction ID : SB17.5922 |
| City BOCA RATON State FL Zip Code 33487 | Purpose of Disbursement INSURANCE | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. JONATHAN ROGERS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 2320 GREEN CREEK RD | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5852 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement DESIGN SERVICES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6297.40 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. WALT ROGERS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 327.30 Transaction ID : SB17.5844 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement TRAVEL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 500 STAPLES DR | | Amount of Each Disbursement this Period 129.83 Transaction ID : SB17.5930 |
| City FRAMINGHAM State MA Zip Code 91702 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. THE NANCY BOCSKOR COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014 |
| Mailing Address 3323 WASHINGTON BLVD. | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5918 |
| City ARLINGTON State VA Zip Code 22201 | Purpose of Disbursement FUNDRAISING CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2957.13 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 30 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. THE NANCY BOCSKOR COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 | |
| Mailing Address 3323 WASHINGTON BLVD. | | | Amount of Each Disbursement this Period 2958.00 | |
| City ARLINGTON | State VA | Zip Code 22201 | Transaction ID : SB17.5920 | |
| Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL/OFFICE SUPPLIES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. THE NANCY BOCSKOR COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 | |
| Mailing Address 3323 WASHINGTON BLVD. | | | Amount of Each Disbursement this Period 689.96 | |
| City ARLINGTON | State VA | Zip Code 22201 | Transaction ID : SB17.5919 | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. TRAILBLAZER CAMPAIGN SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014 | |
| Mailing Address 620 MENDELSSOHN AVE N #186 | | | Amount of Each Disbursement this Period 2346.00 | |
| City GOLDEN VALLEY | State MN | Zip Code 55427 | Transaction ID : SB17.5904 | |
| Purpose of Disbursement DATABASE MANAGEMENT SERVICE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5993.96 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 08 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 46.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5954 |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 09 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 32.84 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5955 |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 13 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 12.48 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5956 |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 91.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 5,000.00 23.20 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement POSTAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.5957 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 5,000.00 5.80 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement POSTAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.5958 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 5,000.00 472.16 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement POSTAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.5967 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 501.16 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 33 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 27 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 27.72 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5968 |

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 28 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 250.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5959 |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 28 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 37.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5969 |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 314.72 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 34 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 6.50 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement POSTAGE | Category/Type | Transaction ID : SB17.5970 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 220.00 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement POSTAGE | Category/Type | Transaction ID : SB17.5971 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 27.30 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement POSTAGE | Category/Type | Transaction ID : SB17.5972 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 253.80 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 35 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|---|----------------|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 01 / 31 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 0.21 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5973 |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 02 / 06 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 2896.80 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5960 |

| | | |
|---|----------------|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 02 / 14 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 5.60 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5961 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2902.61 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 36 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 02 / 18 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 392.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5962 |

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 02 / 21 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 105.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5963 |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement |
| Mailing Address 221 W 6TH ST | | M M / D D / Y Y Y Y 02 / 24 / 2014 |
| City CEDAR FALLS | State IA | Zip Code 50613 |
| Purpose of Disbursement POSTAGE | Candidate Name | Amount of Each Disbursement this Period 61.18 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.5964 |

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| SUBTOTAL of Disbursements This Page (optional)..... | 558.18 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 37 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 1.40 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement POSTAGE | Category/Type | Transaction ID : SB17.5965 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 221 W 6TH ST | | Amount of Each Disbursement this Period 35.70 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement POSTAGE | Category/Type | Transaction ID : SB17.5966 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 4.34 |
| City MINNETONKA | State MN Zip Code 55343 | |
| Purpose of Disbursement CREDIT CARD MERCHANT FEE | Category/Type | Transaction ID : SB17.5882 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 41.44 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 38 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 212.10 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5883 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 1.83 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5884 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 1.00 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5885 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 214.93 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 39 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | | Date of Disbursement |
| Mailing Address 12600 WHITEWATER DR STE 200 | | | M M / D D / Y Y Y Y 01 / 10 / 2014 |
| City MINNETONKA | State MN | Zip Code 55343 | Amount of Each Disbursement this Period 1.83 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5886 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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|---|------------------|--|--|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | | Date of Disbursement |
| Mailing Address 12600 WHITEWATER DR STE 200 | | | M M / D D / Y Y Y Y 01 / 15 / 2014 |
| City MINNETONKA | State MN | Zip Code 55343 | Amount of Each Disbursement this Period 37.95 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5887 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | | Date of Disbursement |
| Mailing Address 12600 WHITEWATER DR STE 200 | | | M M / D D / Y Y Y Y 01 / 28 / 2014 |
| City MINNETONKA | State MN | Zip Code 55343 | Amount of Each Disbursement this Period 3.20 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.5888 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 42.98 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 10.53 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5889 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 1.00 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5890 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 3.13 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5891 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 6.00 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5892 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 56.45 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5896 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 3.20 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5898 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 65.65 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 35.45 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5899 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 20.58 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5900 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 1.00 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | | Transaction ID : SB17.5901 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 57.03 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 43 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 1.73 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | Category/Type | Transaction ID : SB17.5902 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 12600 WHITEWATER DR STE 200 | | Amount of Each Disbursement this Period 11.00 |
| City MINNETONKA State MN Zip Code 55343 | Purpose of Disbursement CREDIT CARD MERCHANT FEE | |
| Candidate Name | Category/Type | Transaction ID : SB17.5903 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. VISTAPRINT | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 95 HAYDEN AVENUE | | Amount of Each Disbursement this Period 48.46 |
| City LEXINGTON State MA Zip Code 92421 | Purpose of Disbursement PRINTING | |
| Candidate Name | Category/Type | Transaction ID : SB17.5979 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 61.19 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 44 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. VISTAPRINT | | Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014 |
| Mailing Address 95 HAYDEN AVENUE | | Amount of Each Disbursement this Period 110.47 Transaction ID : SB17.6020 |
| City LEXINGTON State MA Zip Code 92421 | Purpose of Disbursement PRINTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 524.82 Transaction ID : SB17.5855 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.42 Transaction ID : SB17.5858 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1610.71 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 45 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.43 Transaction ID : SB17.5861 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.42 Transaction ID : SB17.5864 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.5868 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement TRAVEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1958.85 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. JOSH WILSON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address PO BOX 1142 | | Amount of Each Disbursement this Period 975.43 Transaction ID : SB17.5867 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. WOOLVERTON | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 6714 CHANCELLOR DR | | Amount of Each Disbursement this Period 5789.58 Transaction ID : SB17.5976 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PRINTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. WOOLVERTON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 6714 CHANCELLOR DR | | Amount of Each Disbursement this Period 4890.97 Transaction ID : SB17.5978 |
| City CEDAR FALLS | State IA | |
| Zip Code 50613 | Purpose of Disbursement PRINTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 11655.98 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 50 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. BRANDON ZEADOW | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 | | |
| Mailing Address 2120 FRANKLIN ST | | | Amount of Each Disbursement this Period 300.00 | | |
| City CEDAR FALLS | State IA | Zip Code 50613 | Transaction ID : SB17.6010 | | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | | |
| Mailing Address | | | Amount of Each Disbursement this Period | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | | |
| Mailing Address | | | Amount of Each Disbursement this Period | | |
| City | State | Zip Code | | | |
| Purpose of Disbursement | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | 70294.53 |

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

| | | | | |
|---|---|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 48 OF 50 | |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. JOHN BLOCK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 409 N PACIFIC COAST HIGHWAY UNIT 2 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6016 |
| City REDONDO BEACH | State CA Zip Code 90277 | |
| Purpose of Disbursement CONTRIBUTION REFUND | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. BRUCE L RASTETTER | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 10640 HIGHWAY D20 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6019 |
| City ALDEN | State IA Zip Code 50006 | |
| Purpose of Disbursement CONTRIBUTION REFUND | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. MARILYN S VOORHEES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 3402 PHEASANT DR | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6013 |
| City CEDAR FALLS | State IA Zip Code 50613 | |
| Purpose of Disbursement CONTRIBUTION REFUND | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 49 OF 50 | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. PETER E VOORHEES | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 3402 PHEASANT DR | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6012 |
| City CEDAR FALLS State IA Zip Code 50613 | Purpose of Disbursement CONTRIBUTION REFUND | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. JEFFREY DEAN WILHARM | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 9100 C ST RD SW | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6015 |
| City CEDAR RAPIDS State IA Zip Code 52404 | Purpose of Disbursement CONTRIBUTION REFUND | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. VICTORIA SUE WILHARM | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 9100 C ST RD SW | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6014 |
| City CEDAR RAPIDS State IA Zip Code 52404 | Purpose of Disbursement CONTRIBUTION REFUND | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 50 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MIYAOKA YUKI | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 409 N PACIFIC COAST HIGHWAY UNIT 2 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6018 |
| City REDONDO BEACH State CA Zip Code 90277 | Purpose of Disbursement CONTRIBUTION REFUND | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2600.00 |
| TOTAL This Period (last page this line number only)..... | 18200.00 |