Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN PARTY OF IOWA 621 E 9th St ADDRESS (number and street) (Check if address is changed) Des Moines 50309 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.iowagop.org/ (Check if address is changed) DATE 10 04 2022 C00014498 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Barker, David, , , Type or Print Name of Treasurer Barker, David, , , [Electronically Filed] 10 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C Form	1 (Revised 03/2022)	Page 2
5.	TYPE C	OF COMMITTEE:	
	Candid	date Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name Candid		
	Candid Party	date Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ne of didate	
	Party (Committee:	
	(d) x	This committee is a STA (National, State or subordinate) committee of the REP Republican,	etc.) Party
	Politica	al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Labor On	ganization
		Membership Organization Trade Association Cooperation	-
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	Fundraising Representative:	
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	C	

Γ	_		
_	FEC Form 1 (F	Revised 02/2009)	Page 3
٧	Vrite or Type Committe	ee Name	
	REPUBLIC	CAN PARTY OF IOWA	
6.		nected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Republican Na	ational Committee	
	Mailing Address	310 1st St SE	
		Washington DC	20003-1885
	_	CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: C	onnected Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the person in	possession of committee
	0	elsen, Chad, , ,	
	Full Name		
	Mailing Address	621 E 9th St	
		Des Moines I IA	50309
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Custodian of Records	Telephone number	
8.		name and address (phone number optional) of the treasurer of the committee; an nt (e.g., assistant treasurer).	d the name and address of
	Full Name B	arker, David, , ,	
	of Treasurer		
	Mailing Address	621 E 9th St	
		Des Moines IA	50309
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1 (Re	vised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telep	phone number	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in which the or maintains funds.	committee deposits funds,	holds accounts, rents
Name of Bank, Depo-	sitory, etc.		
Ch	nain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	Mclean	VA 222	101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
W	ells Fargo		
Mailing Address	450 Montgomery St		
	San Francisco	CA 941	104
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	re, or Leadership PAC Spons
<u> </u>			
Mailing Address	228 S Washington St		
Mailing Address	Ste 115		
	Alexandria	VA VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Organization Affiliated Committee X Joby name, address (phone number – optional)	int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify Full Name		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify Full Name		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify Full Name		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name _ _ Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number	С
		1 20 12 110111201	
3.		FEC ID number	С
		FEC ID number	С
4		FEC ID number	С
	I Organization, Affiliated Committee, Joint Fund UBLICAN SENATORIAL COMMITTE	• .	e, or Leadership PAC Spons
Mailing Address	425 2nd St NE		
	Washington	DC	20002-4914
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
Connecte Pesignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
Connecte Pesignated Agent: Identi Full Name		nt Fundraising Represent	Leadership PAC Sp
Connecte Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:			
1.		FEC ID	number	C
2.		FEC ID	number	C
3.		FEC ID	number	С
4.		FEC ID	number	С
	Organization, Affiliated Committee, Joi	nt Fundraising Rep	resentative	e, or Leadership PAC Spor
Trump Victory				
Mailing Address	138 Conant St		1 1 1	
Ü	c/o Red Curve Solutions			
	Beverly		MA I	01915-1666
Relationship:	CITY A		STATE A	ZIP CODE A
Commontori	Organization Affiliated Committee	✗ Joint Fundraising	Danwasanta	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - op	tional)		
esignated Agent: Identify	by name, address (phone number – op	tional)		
	by name, address (phone number – op	tional)		
Full Name	by name, address (phone number – op	tional)		
Full Name	by name, address (phone number – op			
Full Name	CITY		STATE A	ZIP CODE A
Full Name	CITY			
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A	S Telephone Nu	mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or maintenance.	CITY A	S Telephone Nu	mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	CITY A	S Telephone Nu	mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	CITY A	S Telephone Nu	mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	S Telephone Nu	mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	S Telephone Nu	mber	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected Ernst Victory Iowa	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 93441		
	Des Moines	IA	50393-3441
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connected		nt Fundraising Represent	ative Leadership PAC Spo
Connected Connected Connected Connected Connected	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connected Designated Agent: Identify Full Name Mailing Address	Affiliated Committee		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Join to by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail Name of Bank, Depository, etc.	Affiliated Committee y Join to by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin ç	g Participant:			
	1		FEC I	ID number	C
	2.		J FEC	ID number	C
	3.		J FEC I	ID number	C
	4.		FEC I	ID number	C
6.	Name of Any Connected of Hawkeye Fund	Organization, Affiliated Committee, Joint Fu	ndraising Re	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 156			
		Des Moines		IA I	50301-0156
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	oint Fundraisir	ng Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Telephone I	Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in what ntains funds.	ich the comm	nittee deposit	s funds, holds accounts, rents
	Mailing Address				<u>, , , , , , , , , , , , , , , , , , , </u>
	3 · ·				
		CITY ▲		STATE A	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r				
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	Organization, Affiliated Committee	e, Joint Fundrais	ing Representati	ve, or Leadership PAC Spor
The Founders Co	mmittee			
	⊥ 1305 W 11th St			
Mailing Address	_ # 213			
				77000 0504
	Houston		TX	77008-6501
Relationship:	CITY A		STATE 4	ZIP CODE ▲
	d Organization Affiliated Commi		ndraising Represer	ntative Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone numbe CITY CITY ries: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address	y by name, address (phone numbe CITY CITY ries: List all banks or other deposi	r – optional)	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION Banks or Other Depositors or management of Bank, Depository, etc. Mailing Address	ries: List all banks	s or other depositories in w	Telephone Nu	mber		ZIP CODE Ids accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ries: List all banks		Telephone Nu	mber		
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Nu	mber		
Banks or Other Depositorsafety deposit boxes or ma	ries: List all banks		Telephone Nu	mber		
TITLE OR POSITION	▼					ZIP CODE A
TITLE OR POSITION	▼	CITY A	3	., ., _		ZIP CODE A
		CITY A	9	TATE 🔺		7ID 00DE +
Mailing Address						
Full Name						
Designated Agent: Identif	y by name, addres	s (phone number – optiona	l)			
Connecte	d Organization	Affiliated Committee	Joint Fundraising	Representa	tive I	Leadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
	Des Moines		<u> </u>	IA	50393	3-3441
Mailing Address	PO Box 93441					
	50.5 20141					
Name of Any Connected Ernst Victory Tea		iliated Committee, Joint F	undraising Repr	esentative	e, or Leade	ership PAC Sponso
4.			FEC ID	number	[C]	
			FEC ID		С	
3.			FEC ID	number	С	
2			_	number	C	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	or Leadershin PAC Spon
Take Back the He			, o
Mailing Address	PO Box 30844		
ag / laa.eee			
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecto	yd Organization X Affiliated Committee	t Fundraising Panrasants	otivo Londorobio BAC Su
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Feenstra Victory	Fund		
Mailing Address	641 2nd Street		
Mailing Address			
	. Hull		51239
Deletionahin		IA IA	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC S
			ative Leadership PAC S
esignated Agent: Identif			ative Leadership PAC S
esignated Agent: Identif			ative Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Banks or Other Depositorsafety deposit boxes or management of Bank, Depository, etc. Mailing Address		nks or other depositories	·	mmittee deposit	s funds, ho	Ids accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		nks or other depositories	·		s funds, ho	lds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		nks or other depositories	·		s funds, ho	Ids accounts, rents
Banks or Other Deposito safety deposit boxes or ma		nks or other depositories	·		s funds, ho	lds accounts, rents
Banks or Other Deposito		nks or other depositories	·		s funds, ho	lds accounts, rents
TITLE OR POSITION			Telephon	e Number		
TITLE OR POSITION		1			1 1	
	▼	CITY A		STATE ▲		ZIP CODE ▲
Mailing Address						
Full Name						
Designated Agent: Identif	y by name, addı	ress (phone number – op	otional)			
Connecte	d Organization	Affiliated Committee	X Joint Fundra	uising Represent	ative	Leadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
	HUDSON			ı wı	54016	3 .
Mailing Address	PO BOX 183	·				
	DO DOV 100					
Name of Any Connected			int Fundraising	Representativ	e, or Leade	ership PAC Sponso
4.			FE	C ID number	C	
3.				C ID number	С	
3.			FE	C ID number	С	
2.				C ID number	C	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

. 1	ng Participant:			
1.		FEC ID	number	С
2		FEC ID	number	C
3.		FEC ID	number	C
4.		FEC ID	number	С
Name of Any Connected Cotton Senate Vi	Organization, Affiliated Committee, Join Ctory 2022	nt Fundraising Rep	resentative	e, or Leadership PAC Spons
Mailing Address	901 N Washington St, Ste 700			
	Alexandria	.	VA	22314
Relationship:	CITY A		STATE A	ZIP CODE ▲
	y by name, address (phone number – opt	orial)		
Full Name				
Full Name				
	CITY A		STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	Telephone Nu		ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories i	Telephone Nu	ımber	
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories i aintains funds.	Telephone Nu	umber	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories i aintains funds.	Telephone Nu	umber	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories i aintains funds.	Telephone Nu	umber	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for

TITLE OR POSITION Banks or Other Depositor Banks of Other Depositor Banks of Bank, Depository, etc. Mailing Address	ries: List all banks o		STATE ▲ Telephone Number	ZIP CODE ts funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ries: List all banks o		STATE ▲ Telephone Number	
Banks or Other Depositorsafety deposit boxes or management	ries: List all banks o		STATE ▲ Telephone Number	
Banks or Other Depositorsafety deposit boxes or ma	ries: List all banks o		STATE ▲ Telephone Number	
TITLE OR POSITION	▼	ı	STATE ▲	ZIP CODE A
TITLE OR POSITION	V	CITY A		ZIP CODE ▲
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	1 , , , , ,			
Mailing Address		1 1 1 1 1 1 1 1		
Designated Agent: Identif	y by name, address	(phone number – optional)	1 1 1 1 1 1 1 1	
			int Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
	DES MOINES		L IA	50393
Mailing Address	PO BOX 93441			
Name of Any Connected		ated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
3.				