

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
IOWANS FOR LATHAM

ADDRESS (number and street) 675 N Washington Street
Suite 410
 Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C C00287045 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) IA 03

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
04 / 01 / 2014 through 06 / 30 / 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 Pamela Sederholm
Signature of Treasurer Pamela Sederholm [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 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
IOWANS FOR LATHAM

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))....	0.00	1109407.46
(b) Total Contribution Refunds (from Line 20(d))	250.00	132363.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-250.00	977043.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18269.40	512711.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	160.00	71082.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18109.40	441629.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	534807.54	
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

IOWANS FOR LATHAM

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).....	0.00	250789.20
(ii) Unitemized.....	0.00	43233.79
(iii) TOTAL of contributions from individuals ▶	0.00	294022.99
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	815284.47
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1109407.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	2926.02	20893.93
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.)	160.00	71082.45
15. OTHER RECEIPTS (Dividends, Interest, etc.)	46.42	1130.33
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3132.44	1202514.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18269.40	512711.95
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	250.00	40139.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	92224.47
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	132363.67
21. OTHER DISBURSEMENTS	30500.00	173500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	49019.40	818575.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	580694.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3132.44
25. SUBTOTAL (add Line 23 and Line 24).....	583826.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49019.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	534807.54

**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 21
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
America First PAC

Mailing Address 611 Pennsylvania Avenue

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00427187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4818

Amount of Each Receipt this Period
 1111.11
 contribution

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Stephen Fletcher

Mailing Address 401 N Ninth St

City Alpena State MI Zip Code 49707

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

Name of Employer Occupation
 Alpena Power Resources CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4824

Amount of Each Receipt this Period
 277.78
 contribution

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Paul Harder

Mailing Address S6230 Old Lake Shore Rd

City Lakeview State NY Zip Code 14085

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

Name of Employer Occupation
 CSS Health Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4822

Amount of Each Receipt this Period
 277.77
 contribution

[MEMO ITEM]

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

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

0.00

**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 21
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
Paul Harder

Mailing Address S6230 Old Lake Shore Rd

City Lakeview State NY Zip Code 14085

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

Name of Employer CSS Health Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4828

Amount of Each Receipt this Period
 55.56
 contribution

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Michael Hook

Mailing Address 1541 Buccaneer Ct

City Marco Island State FL Zip Code 34145

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

Name of Employer Roland-Kelly Occupation Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4816

Amount of Each Receipt this Period
 555.56
 contribution

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Jhong Kim

Mailing Address 501 Morningstar Rd

City Staten Island State NY Zip Code 10303

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

Name of Employer Golden Hand of Staten Island Occupation Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4814

Amount of Each Receipt this Period
 138.89
 contribution

[MEMO ITEM]

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

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

0.00

**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 7 OF 21
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
PATRIOT DAY II 2013

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00543975

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4809

Amount of Each Receipt this Period
 2926.02

transfer joint fundraising proceeds-all other memos prev. itemized; check re-issued from 12/2013

B. Full Name (Last, First, Middle Initial)
Stanley Star

Mailing Address 1435 Galleon Drive

City State Zip Code
Naples FL 34102

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4820

Amount of Each Receipt this Period
 222.23

contribution
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THE FUND FOR AMERICAN EXCEPTIONALISM

Mailing Address 1801 N SHUTT HILL ROAD

City State Zip Code
HUNTINGTON IN 46750

FEC ID number of contributing federal political committee. **C** C00512855

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.4826

Amount of Each Receipt this Period
 111.11

contribution
[MEMO ITEM]

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

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

2926.02

**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 8 OF 21
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
Charles Unguren

Mailing Address 2375 Cambridge Road

City State Zip Code
Coshocton OH 43812

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

Name of Employer Occupation
Oxford Mining CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

Transaction ID : SA12.4813

Amount of Each Receipt this Period

44.45

 contribution

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

--

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

--

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

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

0.00
2926.02

**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 9 OF 21			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA		Date of Disbursement MM / DD / YYYY 06 / 13 / 2013
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 35.00
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement cc payment 6/13/14: cc fees	Transaction ID : SB17.4786
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST NATIONAL BANK OMAHA		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 2622.30
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Transaction ID : SB17.4787
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. FIRST NATIONAL BANK OMAHA		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 394.47
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Transaction ID : SB17.4788
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:		

SUBTOTAL of Disbursements This Page (optional).....	3016.77
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 10 OF 21			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 90.14
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Transaction ID : SB17.4789
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. FIRST NATIONAL BANK OMAHA		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 1166.18
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Transaction ID : SB17.4790
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. FIRST NATIONAL BANK OMAHA		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 290.33
City OMAHA	State NE	
Zip Code 58103	Purpose of Disbursement credit card payment - see memo entries	Transaction ID : SB17.4777
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:		

SUBTOTAL of Disbursements This Page (optional).....	1546.65
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 11 OF 21			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 363.38 Transaction ID : SB17.4781
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement credit card payment - see memo entries		Category/ Type 001	
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) B. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 6.83 Transaction ID : SB17.4784 [MEMO ITEM]
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement cc payment 6/13/2014: interest charges		Category/ Type 001	
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. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 3.50 Transaction ID : SB17.4775
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement Credit Card Payment - Interest Charges		Category/ Type 001	
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:			

SUBTOTAL of Disbursements This Page (optional).....	366.88
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 12 OF 21			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 12.57
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement Credit Card Payment - Fees/Interest Charges		Category/ Type 001	Transaction ID : SB17.4776
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) B. FIRST NATIONAL BANK OMAHA			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address PO BOX 2818			Amount of Each Disbursement this Period 26.03
City OMAHA	State NE	Zip Code 58103	
Purpose of Disbursement cc payment 6/13/2014: interest charges		Category/ Type 001	Transaction ID : SB17.4785 [MEMO ITEM]
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. MAILCHIMP			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 512 MEANS STREET NW SUITE 404			Amount of Each Disbursement this Period 240.00
City ATLANTA	State GA	Zip Code 30318	
Purpose of Disbursement cc payment 6/13/14: Online Subscriptions		Category/ Type 003	Transaction ID : SB17.4778 [MEMO ITEM]
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	12.57
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 13 OF 21	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. Sederholm Public Affairs Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 675 N Washington Street Suite 410		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4741
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Admin / Reporting Consulting	Category/Type 001	
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) B. Sederholm Public Affairs Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 675 N Washington Street Suite 410		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4760
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Admin / Reporting Consulting	Category/Type 001	
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. TREASURER, STATE OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 166.80 Transaction ID : SB17.4794
City DES MOINES	State IA Zip Code 50306	
Purpose of Disbursement Withholding Taxes	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6666.80
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 21	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. TREASURER, STATE OF IOWA		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 6227.20 Transaction ID : SB17.4743
City DES MOINES	State IA	
Zip Code 50306	Purpose of Disbursement Withholding Taxes	Category/ Type 001
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) B. Uber Technologies		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address Online		Amount of Each Disbursement this Period 24.30 Transaction ID : SB17.4779 [MEMO ITEM]
City Unknown	State IA	
Zip Code 00000	Purpose of Disbursement transportation	Category/ Type 002
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. US POST OFFICE		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 3.29 Transaction ID : SB17.4783 [MEMO ITEM]
City DES MOINES	State IA	
Zip Code 50318	Purpose of Disbursement cc payment 6/13/2014: postage	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	6227.20
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 21	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.4745
City DES MOINES State IA Zip Code 50318	Purpose of Disbursement postage stamps Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 11.20 Transaction ID : SB17.4744
City DES MOINES State IA Zip Code 50318	Purpose of Disbursement postage stamps Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2002
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 318.26 Transaction ID : SB17.4782 [MEMO ITEM]
City ELGIN State IL Zip Code 60123	Purpose of Disbursement cc payment 6/13/2014: mobile phone expense Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	16.80
TOTAL This Period (last page this line number only).....	17853.67

**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 21			
	<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				

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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. Brenda Becker		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 8214 Mack Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4771
City Alexandria	State VA Zip Code 22308	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
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 MM / DD / YYYY
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:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**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 17 OF 21			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. BLUM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 2728 ASBURY ROAD SUITE 400		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4803
City DUBUQUE State IA Zip Code 52001	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name RODNEY LELAND BLUM		
Office Sought: <input checked="" 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: IA District: 01		

Full Name (Last, First, Middle Initial) B. ED GILLESPIE FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO BOX 71596		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4751
City RICHMOND State VA Zip Code 23255	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name EDWARD W GILLESPIE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 00		

Full Name (Last, First, Middle Initial) C. FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 675 N WASHINGTON ST. SUITE 410		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.4806
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement Contribution 011 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:		

SUBTOTAL of Disbursements This Page (optional).....	9000.00
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 18 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAVE JOYCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 320 KENARDEN DRIVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4735
City CLEVELAND State OH Zip Code 44143	Purpose of Disbursement Contribution 011	
Candidate Name DAVID P JOYCE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 14		

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVE JOYCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 320 KENARDEN DRIVE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4738
City CLEVELAND State OH Zip Code 44143	Purpose of Disbursement Contribution 011	
Candidate Name DAVID P JOYCE		Category/ Type
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) C. IOWANS FOR KIM SCHMETT		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address PO BOX 3804		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB21.4730
City URBANDALE State IA Zip Code 50323	Purpose of Disbursement Contribution - Debt Retirement 011	
Candidate Name		Category/ Type
Office Sought: <input checked="" 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: IA District: 03		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
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 19 OF 21
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. JONI ERNST FOR US SENATE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO BOX 93441		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4800
City DES MOINES State IA Zip Code 50393	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JONI K ERNST	Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: IA District: 00		

Full Name (Last, First, Middle Initial) B. JUSTIN FAREED FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2151 S COLLEGE DR STE 101		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.4754
City SANTA MARIA State CA Zip Code 93455	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JUSTIN FAREED	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 24		

Full Name (Last, First, Middle Initial) C. KRISTI FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO BOX 852		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4757
City SIOUX FALLS State SD Zip Code 57101	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name KRISTI LYNN NOEM	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD District: 00		

SUBTOTAL of Disbursements This Page (optional).....	5500.00
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 20 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. MILLER-MEEKS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1570		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4797
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name MARIANNETTE MILLER-MEEKS	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. REPUBLICAN PARTY OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 621 E. NINTH STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4739
City DES MOINES	State IA	
Zip Code 50309	Purpose of Disbursement Contribution	Category/ Type 011
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. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4763
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name DAVID YOUNG	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 03	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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 21 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4766
City VAN METER State IA Zip Code 50261	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name DAVID YOUNG	Office Sought: <input checked="" 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: IA District: 03		

Full Name (Last, First, Middle Initial) B. YOUNG FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.4773
City VAN METER State IA Zip Code 50261	Purpose of Disbursement Convention Debt Category/Type 011	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: IA District: 03		

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:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	30500.00