

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)

PO BOX 8237

Check if different than previously reported. (ACC)

DES MOINES

IA

50301

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

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 KIM SCHMETT

Signature of Treasurer KIM SCHMETT

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 64

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))....	127121.47	1109407.46
(b) Total Contribution Refunds (from Line 20(d))	2600.00	3600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	124521.47	1105807.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	116741.35	459911.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	70922.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116741.35	388988.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	854739.63	
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).....	16620.00	250789.20
(ii) Unitemized.....	20777.00	43233.79
(iii) TOTAL of contributions from individuals ▶	37397.00	294022.99
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	89724.47	815284.47
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	127121.47	1109407.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	17967.91
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.)	0.00	70922.45
15. OTHER RECEIPTS (Dividends, Interest, etc.)	460.43	1083.89
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	127581.90	1199381.71

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116741.35	459911.07
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	2600.00	3600.00
(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)).....	2600.00	3600.00
21. OTHER DISBURSEMENTS	25000.00	32000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	144341.35	495511.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	871499.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	127581.90
25. SUBTOTAL (add Line 23 and Line 24).....	999080.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	144341.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	854739.63

**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 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
MICHAEL BEER

Mailing Address 6943 LERWICK CT

City State Zip Code
ALEXANDRIA VA 22315

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

Name of Employer Occupation
WILLIAMS & JENSEN GOVT. RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period
500.00

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

Mailing Address 3150 220TH STREET

City State Zip Code
LAWLER IA 52154

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 Y
 10 / 07 / 2013

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period
250.00

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

Mailing Address 4515 W STREET NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
SELF-EMPLOYED GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
DEANNA CAUGHLAN

Mailing Address 5703 CHESTNUT LANE

City WEST DES MOINES State IA Zip Code 50266

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

Name of Employer JORDAN CREEK INTERNAL MEDICINE Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2013

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
250.00

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

Mailing Address 1875 SE HAWTHORNE RIDGE DR

City WAUKEE State IA Zip Code 50263

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

Name of Employer DESMOINES TRUCK BROKERS, INC. Occupation PRESIDENT / CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
2270.00

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

Mailing Address 515 E LOCUST STREET # 500N

City DES MOINES State IA Zip Code 50309

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
1000.00

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

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

3520.00

**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 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
MARCEL DUBOIS

Mailing Address 2107 WINDSOR ROAD

City ALEXANDRIA State VA Zip Code 22307

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

Name of Employer UPS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2013

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4810 33RD RD N

City ARLINGTON State VA Zip Code 22207

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

Name of Employer ERNST & YOUNG LLP Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
DAVID W. HOBBS

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 900

City WASHINGTON State DC Zip Code 20001

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

Name of Employer DAVID HOBBS GROUP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 8 OF 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
COLIN JENSEN

Mailing Address **3719 S. BRIAR PATH**

City **SIOUX CITY** State **IA** Zip Code **51104**

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

Name of Employer **IRVING F JENSEN CO** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
500.00

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

Mailing Address **2621 NW 17TH STREET**

City **ANKENY** State **IA** Zip Code **50023**

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

Name of Employer **BLOCK, LAMBERTI & GOCHE** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
DANIEL P. MEYER

Mailing Address **2506 DUXBURY PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22308**

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

Name of Employer **DUBERSTEIN GROUP, INC.** Occupation **SR. VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period
1000.00

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

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

4100.00

**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 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
ALEX MISTRI

Mailing Address **440 12TH STREET NE**
APT. 107

City **WASHINGTON** State **DC** Zip Code **20002**

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

Name of Employer **THE GLOVER PARK GROUP** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 03 / 2013

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN T. O'ROURKE

Mailing Address **11028 STANMORE DR**

City **POTOMAC** State **MD** Zip Code **20854**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 22 / 2013

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PATTI OLSON-WEISS

Mailing Address **3782 9TH ST. SW**
STE 2

City **MASON CITY** State **IA** Zip Code **50401**

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

Name of Employer **NUTRIQUEST** Occupation **MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
WILLIAM R. SHELDON

Mailing Address 2079 185TH AVENUE

City State Zip Code
PERCIVAL IA 51648

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 Y Y
 11 / 11 / 2013

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THE CHICKASAW NATION

Mailing Address 2020 LONNIE ABBOTT BLVD

City State Zip Code
ADA OK 74820

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3782 9TH ST. SW
STE 2

City State Zip Code
MASON CITY IA 50401

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

Name of Employer Occupation
NUTRIQUEST PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period
2000.00

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

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

3500.00

**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 64
	<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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
STEVE WEISS

Mailing Address 3782 9TH ST. SW
STE 2

City MASON CITY State IA Zip Code 50401

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

Name of Employer NUTRIQUEST Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
-1000.00

REATTRIBUTION TO SPOUSE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VERNE H. WELCH

Mailing Address PO BOX 617
2515 EAGLE RIDGE DRIVE

City COUNCIL BLUFFS State IA Zip Code 51502

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 Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
500.00

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 Y Y

Amount of Each Receipt this Period

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

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

500.00

16620.00

**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 64	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address **1 N. WAUKEGAN ROAD**

City **NORTH CHICAGO** State **IL** Zip Code **60064**

FEC ID number of contributing federal political committee. **C C00536573**

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
10	/	25	/	2013

Transaction ID : SA11C.4327

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address **101 CONSTITUTION AVE NW
SUITE 400W**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00089136**

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
12	/	10	/	2013

Transaction ID : SA11C.4398

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address **222 SOUTH PROSPECT AVE
C/O FINANCE DEPARTMENT**

City **PARK RIDGE** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C00173153**

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
11	/	22	/	2013

Transaction ID : SA11C.4393

Amount of Each Receipt this Period

1000.00

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

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

4000.00

**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 13 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)

Mailing Address 1828 L ST NW
SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

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 Y Y
 12 / 18 / 2013

Transaction ID : SA11C.4442

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00251876

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 Y Y
 11 / 08 / 2013

Transaction ID : SA11C.4343

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE, SUITE 950
DC8-455-09-01

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00364778

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 Y Y
 11 / 11 / 2013

Transaction ID : SA11C.4367

Amount of Each Receipt this Period
 2000.00

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

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

4000.00

**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 14 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00235655

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
 12 / 17 / 2013

Transaction ID : SA11C.4427

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 220 1/2 E ST., NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00235655

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
 12 / 17 / 2013

Transaction ID : SA11C.4428

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY FUND FOR INNOVATION

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 325

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035675

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
 11 / 15 / 2013

Transaction ID : SA11C.4372

Amount of Each Receipt this Period
 1000.00

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 340

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00401687**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11C.4347

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2470 DANIELL'S BRIDGE RD STE 121

City ATHENS State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C C00492819**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11C.4299

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I STREET, NW
SUITE 590

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11C.4578

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)
D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION

A. Mailing Address 25 LOUISIANA AVE., NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 18 2013

Transaction ID : SA11C.4443

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11C.4374

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 15 2013

Transaction ID : SA11C.4375

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)..... 5000.00
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 17 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
EQUIFAX INC. POLITICAL ACTION COMMITTEE

Mailing Address 1550 PEACHTREE STREET NW

City ATLANTA State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11C.4399

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FASPAC FAREWAY STORES INC PAC

Mailing Address 715 8TH STREET
PO BOX 70

City BOONE State IA Zip Code 50036

FEC ID number of contributing federal political committee. **C** C00331686

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2013

Transaction ID : SA11C.4319

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FOLEY & LARDNER POLITICAL FUND, INC.

Mailing Address 3000 K STREET NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00105338

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11C.4430

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 18 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
GENENTECH INC. POLITICAL ACTION COMMITTEE

Mailing Address **1 DNA WAY**

City **SO. SAN FRANCISCO** State **CA** Zip Code **94080**

FEC ID number of contributing federal political committee. **C C00199257**

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 Y Y
10 / 11 / 2013

Transaction ID : SA11C.4280

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL MILLS INC. POLITICAL ACTION COMMITTEE

Mailing Address **ONE GENERAL MILLS BOULEVARD**

City **MINNEAPOLIS** State **MN** Zip Code **55426**

FEC ID number of contributing federal political committee. **C C00062646**

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 Y Y
11 / 01 / 2013

Transaction ID : SA11C.4339

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address **FIVE MOORE DRIVE
PO BOX 13358**

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709**

FEC ID number of contributing federal political committee. **C C00199703**

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 Y Y
11 / 01 / 2013

Transaction ID : SA11C.4341

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11C.4414

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JP MORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 10 S. DEARBORN STREET
IL1-0520

City CHICAGO State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C C00104299**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11C.4276

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

Mailing Address 1801 K STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11C.4431

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 20 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
LAND O'LAKES, INC., PAC

Mailing Address **P.O. BOX 64101**

City **ST. PAUL** State **MN** Zip Code **55164**

FEC ID number of contributing federal political committee. **C C00009423**

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 Y
12 / 16 / 2013

Transaction ID : SA11C.4404

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **2121 CRYSTAL DRIVE
SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

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 Y
10 / 22 / 2013

Transaction ID : SA11C.4320

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **2121 CRYSTAL DRIVE
SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

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 Y
12 / 10 / 2013

Transaction ID : SA11C.4400

Amount of Each Receipt this Period

1000.00

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

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

3000.00

**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 21 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
MAKING AMERICA PROSPEROUS PAC

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00445379**

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 Y
10 / 11 / 2013

Transaction ID : SA11C.4282

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC

Mailing Address **P.O. BOX 34591**

City **WASHINGTON** State **DC** Zip Code **20043**

FEC ID number of contributing federal political committee. **C C00484162**

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 Y
10 / 25 / 2013

Transaction ID : SA11C.4329

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address **601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00097485**

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 Y
12 / 18 / 2013

Transaction ID : SA11C.4444

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

**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 22 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND

Mailing Address 800 N. LINDBERGH BLVD.

City ST. LOUIS State MO Zip Code 63167

FEC ID number of contributing federal political committee. **C** C00042069

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 Y
 12 / 18 / 2013

Transaction ID : SA11C.4446

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, NW
SUITE 540

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

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 Y
 12 / 17 / 2013

Transaction ID : SA11C.4419

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

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 Y
 12 / 17 / 2013

Transaction ID : SA11C.4432

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**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 23 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 700 UNIVERSE BLVD.

City State Zip Code
JUNO BEACH FL 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2013

Transaction ID : SA11C.4368

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVE. NW SUITE 725

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11C.4331

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11C.4333

Amount of Each Receipt this Period
1000.00

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

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

4000.00

**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 24 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

A. Mailing Address 950 F STREET, NW
SUITE 300
City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11C.4284

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PINNACLE WEST CAPITAL CORPORATION PAC

Mailing Address 801 PENNSYLVANIA AVE NW
SUITE 214
City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11C.4321

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500
City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 3738.45

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11C.4334

Amount of Each Receipt this Period
2738.45

IN-KIND CONTRIBUTION: CATERING SERVICES

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

4738.45

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 25 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11C.4369

Amount of Each Receipt this Period
6261.55

B. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11C.4411

Amount of Each Receipt this Period
5000.00

REDESIGNATION FROM PRIMARY
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11C.4412

Amount of Each Receipt this Period
-5000.00

REDESIGNATION TO GENERAL
[MEMO ITEM]

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

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

6261.55

**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 26 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

A. Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2013

Transaction ID : SA11C.4387

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

B. Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11C.4322

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE

C. Mailing Address P.O. BOX 7526

City LITTLE ROCK State AR Zip Code 72217

FEC ID number of contributing federal political committee. **C** C00468116

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11C.4408

Amount of Each Receipt this Period
1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW
SUITE 320

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11C.4415

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW
8TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11C.4433

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

City JACKSONVILLE State FL Zip Code 32206

FEC ID number of contributing federal political committee. **C C00312785**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA11C.4421

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

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

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

2000.00

**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 28 OF 64
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

City JACKSONVILLE State FL Zip Code 32206

FEC ID number of contributing federal political committee. **C** C00312785

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 Y Y
10 / 16 / 2013

Transaction ID : SA11C.4422

Amount of Each Receipt this Period
-5000.00

REDESIGNATION LETTER SENT REDESIGNATION TO GENERAL
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

City JACKSONVILLE State FL Zip Code 32206

FEC ID number of contributing federal political committee. **C** C00312785

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 Y Y
10 / 16 / 2013

Transaction ID : SA11C.4423

Amount of Each Receipt this Period
5000.00

REDESIGNATION LETTER SENT REDESIGNATION FROM PRIMARY
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

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 Y Y
11 / 11 / 2013

Transaction ID : SA11C.4370

Amount of Each Receipt this Period
2000.00

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

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

2000.00

**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 29 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address PO BOX 65314

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00328468**

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 Y
 12 / 16 / 2013

Transaction ID : SA11C.4406

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 1000 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00350744**

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 Y
 12 / 16 / 2013

Transaction ID : SA11C.4413

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO BOX 65116

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00425439**

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 Y
 10 / 18 / 2013

Transaction ID : SA11C.4301

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

**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 30 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA11C.4342

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11C.4434

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11C.4278

Amount of Each Receipt this Period
1500.00

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

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

6000.00

**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 31 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2013

Transaction ID : SA11C.4335

Amount of Each Receipt this Period
 _____ 500.00

IN-KIND CONTRIBUTION: CATERING SERVICES

B. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5724.47

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2013

Transaction ID : SA11C.4336

Amount of Each Receipt this Period
 _____ 724.47

IN-KIND CONTRIBUTION: CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

Mailing Address 1800 LARIMER STREET, SUITE 1600

City	State	Zip Code
DENVER	CO	80202

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2013

Transaction ID : SA11C.4389

Amount of Each Receipt this Period
 _____ 1000.00

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

_____ 2224.47

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 32 OF 64	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address **C/O ZENECA INC.**
1800 CONCORD PIKE, PO BOX 15437

City **WILMINGTON** State **DE** Zip Code **19850**

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
11 / 21 / 2013

Transaction ID : SA11C.4386

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1500.00

89724.47

**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 33 OF 64
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
799.91

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : SA15.4211

Amount of Each Receipt this Period
176.45

INTEREST

B. Full Name (Last, First, Middle Initial)
FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
972.79

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SA15.4212

Amount of Each Receipt this Period
172.88

INTEREST

C. Full Name (Last, First, Middle Initial)
FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1083.89

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA15.4213

Amount of Each Receipt this Period
111.10

INTEREST

SUBTOTAL of Receipts This Page (optional).....	460.43
TOTAL This Period (last page this line number only).....	460.43

**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 34 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. ADOBE SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 9.99
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement CC PMT 12/27/13:ONLINE SUBSCRIPTIONS	Transaction ID : SB17.4471
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO BOX 981540		Amount of Each Disbursement this Period 37.06
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4545
Candidate Name	Category/Type	
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) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address PO BOX 981540		Amount of Each Disbursement this Period 22.09
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4519
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	59.15
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 35 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. AMERIPRISE FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 326 CENTRAL AVENUE W		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4546
City CLARION State IA Zip Code 50525	Purpose of Disbursement EMPLOYEE BENEFITS	
Candidate Name	Category/Type	
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. AMERIPRISE FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 326 CENTRAL AVENUE W		Amount of Each Disbursement this Period 333.00 Transaction ID : SB17.4531
City CLARION State IA Zip Code 50525	Purpose of Disbursement EMPLOYEE BENEFITS	
Candidate Name	Category/Type	
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) C. BOGART ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 6051.28 Transaction ID : SB17.4571
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING COMMISSIONS	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6884.28
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 36 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. BOGART ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 2771.00 Transaction ID : SB17.4548
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING COMMISSIONS	
Candidate Name	Category/Type	
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. BOGART ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4549
City ALEXANDRIA State VA Zip Code 22314	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 1200 TRINITY DRIVE		Amount of Each Disbursement this Period 7876.00 Transaction ID : SB17.4529
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING COMMISSIONS	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	27071.00
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 37 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 61.27
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CC PMT 12/27/13:MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.4479 [MEMO ITEM]
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. CENTRAL LIBRARY		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1000 GRAND AVE		Amount of Each Disbursement this Period 15.25
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement CC PMT 12/27/13:MEMBERSHIP FEE	
Candidate Name	Category/Type	Transaction ID : SB17.4463 [MEMO ITEM]
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) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER State VA Zip Code 22812	Purpose of Disbursement DATABASE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.4550
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:	

SUBTOTAL of Disbursements This Page (optional).....	798.00
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 38 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CC PMT 12/26/13:DATABASE MANAGEMENT		Transaction ID : SB17.4490
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DES MOINES GOLF & COUNTRY CLUB		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 1600 JORDAN CREEK PKWY		Amount of Each Disbursement this Period 1308.89
City WEST DES MOINES	State IA Zip Code 50266	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Transaction ID : SB17.4512
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DES MOINES PARKING		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 400 ROBERT D RAY DRIVE		Amount of Each Disbursement this Period 1.50
City DES MOINES	State IA Zip Code 50309	
Purpose of Disbursement CC PMT 12/27/13:PARKING METER FEES		Transaction ID : SB17.4459
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)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1308.89
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 39 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. DES MOINES PARKING			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 400 ROBERT D RAY DRIVE			Amount of Each Disbursement this Period 1.25	
City DES MOINES	State IA	Zip Code 50309	Transaction ID : SB17.4460	
Purpose of Disbursement CC PMT 12/27/13:PARKING METER FEES		Category/ Type	[MEMO ITEM]	
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. DES MOINES PARKING			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 400 ROBERT D RAY DRIVE			Amount of Each Disbursement this Period 1.50	
City DES MOINES	State IA	Zip Code 50309	Transaction ID : SB17.4461	
Purpose of Disbursement CC PMT 12/27/13:PARKING METER FEES		Category/ Type	[MEMO ITEM]	
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) C. DES MOINES REGISTER			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 715 LOCUST STREET			Amount of Each Disbursement this Period 10.00	
City DES MOINES	State IA	Zip Code 50309	Transaction ID : SB17.4477	
Purpose of Disbursement CC PMT 12/27/13:PRINT ADVERTISING		Category/ Type	[MEMO ITEM]	
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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 40 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 156 UNIVERSITY AVENUE		Amount of Each Disbursement this Period 225.00
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement CC PMT 12/27/13:DIGITAL ADVERTISING		Transaction ID : SB17.4483
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 238 ALEXANDER AVENUE		Amount of Each Disbursement this Period 6.24
City AMES	State IA Zip Code 50010	
Purpose of Disbursement CC PMT 12/27/13:DELIVERY SERVICES		Transaction ID : SB17.4456
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 238 ALEXANDER AVENUE		Amount of Each Disbursement this Period 1.27
City AMES	State IA Zip Code 50010	
Purpose of Disbursement CC PMT 12/27/13:DELIVERY SERVICES		Transaction ID : SB17.4457
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 41 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 7987.60 Transaction ID : SB17.4572
City OMAHA	State NE	
Zip Code 68103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Category/ Type
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. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 3765.25 Transaction ID : SB17.4513
City OMAHA	State NE	
Zip Code 68103	Purpose of Disbursement FUNDRAISING, TRAVEL AND OFFICE SUPPLIES	Category/ Type
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) C. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 1107.99 Transaction ID : SB17.4486
City OMAHA	State NE	
Zip Code 68103	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	12860.84
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 64		
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST BANKCARD		Date of Disbursement
Mailing Address PO BOX 2818		M M / D D / Y Y Y Y 12 / 27 / 2013
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Category/ Type	Amount of Each Disbursement this Period 43.21
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4451
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. FIRST BANKCARD		Date of Disbursement
Mailing Address PO BOX 2818		M M / D D / Y Y Y Y 12 / 27 / 2013
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Category/ Type	Amount of Each Disbursement this Period 238.21
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4464
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) C. FIRST BANKCARD		Date of Disbursement
Mailing Address PO BOX 2818		M M / D D / Y Y Y Y 12 / 27 / 2013
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Category/ Type	Amount of Each Disbursement this Period 1479.57
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4467
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1760.99
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 43 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)
A. FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 30 / 2013

Amount of Each Disbursement this Period
5.00

Transaction ID : SB17.4552

Full Name (Last, First, Middle Initial)
B. FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 31 / 2013

Amount of Each Disbursement this Period
4.28

Transaction ID : SB17.4553

Full Name (Last, First, Middle Initial)
C. FIRST CITIZENS NATIONAL BANK

Mailing Address PO BOX 268
120 FIRST AVE NW

City CALRION State IA Zip Code 50525

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 30 / 2013

Amount of Each Disbursement this Period
4.28

Transaction ID : SB17.4523

SUBTOTAL of Disbursements This Page (optional)..... 13.56

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 44 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. FIRST CITIZENS NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO BOX 268 120 FIRST AVE NW		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4536
City CALRION State IA Zip Code 50525	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
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. FIRST CITIZENS NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 268 120 FIRST AVE NW		Amount of Each Disbursement this Period 4.28 Transaction ID : SB17.4535
City CALRION State IA Zip Code 50525	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
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) C. GODADDY.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 14455 N HAYDEN ROAD SUITE 219		Amount of Each Disbursement this Period 724.81 Transaction ID : SB17.4475 [MEMO ITEM]
City SCOTTSDALE State AZ Zip Code 85260	Purpose of Disbursement CC PMT 12/27/13:HOSTING EXPENSE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	24.28
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 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. GOVERNOR BRANSTAD COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 2775 86TH ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4555
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT	Category/ Type
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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. GOVERNOR BRANSTAD COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 2775 86TH STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4528
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT	Category/ Type
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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. GOVERNOR BRANSTAD COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 2775 86TH STREET		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4494
City URBANDALE	State IA	
Zip Code 50322	Purpose of Disbursement RENT	Category/ Type
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	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 46 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 2538.96
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.4540
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 215.00
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement MILEAGE, EVENT TICKETS, POSTAGE	
Candidate Name		Transaction ID : SB17.4541
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 2538.96
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.4501
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5292.92
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 47 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 1027.59 Transaction ID : SB17.4514
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name	Category/Type	
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. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 2538.96 Transaction ID : SB17.4524
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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) C. BEN HAMMES		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 6201 EP TRUE PARKWAY, #7108		Amount of Each Disbursement this Period 10730.00 Transaction ID : SB17.4450
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement FUNDRAISING COMMISSIONS	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	14296.55
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 48 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. IRS UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 5800 E BANNISTER ROAD		Amount of Each Disbursement this Period 1925.32
City KANSAS CITY State MO Zip Code 64134	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4556
State: District:		

Full Name (Last, First, Middle Initial) B. IRS UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 5800 E BANNISTER ROAD		Amount of Each Disbursement this Period 3034.51
City KANSAS CITY State MO Zip Code 64134	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4506
State: District:		

Full Name (Last, First, Middle Initial) C. IRS UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 5800 E BANNISTER ROAD		Amount of Each Disbursement this Period 1033.25
City KANSAS CITY State MO Zip Code 64134	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4532
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5993.08
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 49 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. KOCH BROTHERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 301 E LOCUST STREET		Amount of Each Disbursement this Period 510.94 Transaction ID : SB17.4557
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement EQUIPMENT LEASE: COPIER	
Candidate Name		Category/Type
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. KOCH BROTHERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 301 E LOCUST STREET		Amount of Each Disbursement this Period 210.94 Transaction ID : SB17.4558
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement EQUIPMENT LEASE: COPIER	
Candidate Name		Category/Type
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) C. KOCH BROTHERS		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 301 E LOCUST STREET		Amount of Each Disbursement this Period 210.94 Transaction ID : SB17.4516
City DES MOINES State IA Zip Code 50309	Purpose of Disbursement EQUIPMENT LEASE: COPIER	
Candidate Name		Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	932.82
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 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. KOCH BROTHERS INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 301 E LOCUST		Amount of Each Disbursement this Period 210.94 Transaction ID : SB17.4496
City DES MOINES	State IA	
Zip Code 50309	Purpose of Disbursement EQUIPMENT LEASE: COPIER	Category/ Type
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. MACDONALD LETTER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1632 OHIO STREET		Amount of Each Disbursement this Period 7606.77 Transaction ID : SB17.4573
City DES MOINES	State IA	
Zip Code 50314	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/ Type
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) C. MACDONALD LETTER SERVICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 1632 OHIO STREET		Amount of Each Disbursement this Period 53.00 Transaction ID : SB17.4517
City DES MOINES	State IA	
Zip Code 50314	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7870.71
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 51 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
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 PMT 12/26/13:ONLINE SUBSCRIPTIONS		Transaction ID : SB17.4488
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIONEER POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 701 8TH STREET, NW SUITE 500		Amount of Each Disbursement this Period 2738.45
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement IN-KIND CONTRIBUTION: CATERING SERVICES		Transaction ID : SB17.4570
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PMI PARKING		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1220 E ST NW		Amount of Each Disbursement this Period 3.28
City WASHINGTON	State DC Zip Code 20004	
Purpose of Disbursement CC PMT 12/27/13:PARKING		Transaction ID : SB17.4469
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2738.45
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 52 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. RALLS COUNTY CLOCK COMPANY		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 204-208 W WASHINGTON ST		Amount of Each Disbursement this Period 425.00
City MT PLEASANT	State IA	
Zip Code 52641	Purpose of Disbursement CC PMT 12/27/13:EQUIPMENT REPAIRS	Transaction ID : SB17.4481
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. KIM SCHMETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 10141 LINCOLN AVE		Amount of Each Disbursement this Period 200.00
City CLIVE	State IA	
Zip Code 50325	Purpose of Disbursement TREASURER CONSULTING SERVICES	Transaction ID : SB17.4542
Candidate Name	Category/Type	
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) C. KIM SCHMETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 10141 LINCOLN AVE		Amount of Each Disbursement this Period 200.00
City CLIVE	State IA	
Zip Code 50325	Purpose of Disbursement TREASURER CONSULTING SERVICES	Transaction ID : SB17.4502
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	400.00
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 53 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. KIM SCHMETT		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 10141 LINCOLN AVE		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4525
City CLIVE	State IA Zip Code 50325	
Purpose of Disbursement TREASURER CONSULTING SERVICES	Category/Type	
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. ELIZABETH SEVERSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1610 OBRIEN AVENUE		Amount of Each Disbursement this Period 742.83 Transaction ID : SB17.4543
City BELMOND	State IA Zip Code 50421	
Purpose of Disbursement PAYROLL	Category/Type	
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) C. ELIZABETH SEVERSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1610 OBRIEN AVENUE		Amount of Each Disbursement this Period 229.00 Transaction ID : SB17.4544
City BELMOND	State IA Zip Code 50421	
Purpose of Disbursement MILEAGE AND PHONE REIMBURSEMENT	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1171.83
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 54 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. ELIZABETH SEVERSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address 1610 OBRIEN AVENUE			Amount of Each Disbursement this Period 914.28	
City BELMOND	State IA	Zip Code 50421	Transaction ID : SB17.4504	
Purpose of Disbursement PAYROLL		Category/ Type		
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. ELIZABETH SEVERSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013	
Mailing Address 1610 OBRIEN AVENUE			Amount of Each Disbursement this Period 808.06	
City BELMOND	State IA	Zip Code 50421	Transaction ID : SB17.4527	
Purpose of Disbursement PAYROLL		Category/ Type		
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) C. ELIZABETH SEVERSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 1610 OBRIEN AVENUE			Amount of Each Disbursement this Period 141.00	
City BELMOND	State IA	Zip Code 50421	Transaction ID : SB17.4526	
Purpose of Disbursement TRAVEL		Category/ Type		
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:				

SUBTOTAL of Disbursements This Page (optional).....	1863.34
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 55 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)
A. STRATEGY GROUP FOR PHONES, LLC

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement TELEFORUM

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2013

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.4561

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

Mailing Address 350 ELLIS STREET

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement CC PMT 12/26/13:ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 26 / 2013

Amount of Each Disbursement this Period: 69.99

Transaction ID : SB17.4492

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. THE TARRANCE GROUP INC.

Mailing Address 201 NORTH UNION STREET, SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLLING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 12011.00

Transaction ID : SB17.4500

SUBTOTAL of Disbursements This Page (optional)..... 18011.00

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 56 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. THE VILLAGE BEAN CO		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 305 E 5TH ST		Amount of Each Disbursement this Period 5.23
City DES MOINES	State IA	
Zip Code 50309	Purpose of Disbursement CC PMT 12/27/13:TRAVEL: MEALS	Transaction ID : SB17.4485
Candidate Name	Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSFIRST MERCHANT SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 371 CENTENNIAL PARKWAY		Amount of Each Disbursement this Period 407.04
City LOUISVILLE	State CO	
Zip Code 80027	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4564
Candidate Name	Category/ Type	
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) C. TRANSFIRST MERCHANT SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 371 CENTENNIAL PARKWAY		Amount of Each Disbursement this Period 32.00
City LOUISVILLE	State CO	
Zip Code 80027	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.4565
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	439.04
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 57 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. TRANSFIRST MERCHANT SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 371 CENTENNIAL PARKWAY		Amount of Each Disbursement this Period 106.40 Transaction ID : SB17.4522
City LOUISVILLE State CO Zip Code 80027	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
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. TRANSFIRST MERCHANT SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 371 CENTENNIAL PARKWAY		Amount of Each Disbursement this Period 15.50 Transaction ID : SB17.4521
City LOUISVILLE State CO Zip Code 80027	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
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) C. TRANSFIRST MERCHANT SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 371 CENTENNIAL PARKWAY		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4534
City LOUISVILLE State CO Zip Code 80027	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	141.90
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 58 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. TREASURER, STATE OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4566
City DES MOINES State IA Zip Code 50306	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TREASURER, STATE OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 386.40 Transaction ID : SB17.4510
City DES MOINES State IA Zip Code 50306	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: 2014 <input checked="" type="checkbox"/> Primary <input 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 12 / 06 / 2013
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.4533
City DES MOINES State IA Zip Code 50306	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1061.40
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 59 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. TREASURER, STATE OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO BOX 10411		Amount of Each Disbursement this Period 0.90 Transaction ID : SB17.4537
City DES MOINES	State IA	
Zip Code 50306	Purpose of Disbursement STATE SALES TAX	Category/ Type
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. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4567
City DES MOINES	State IA	
Zip Code 50318	Purpose of Disbursement POSTAGE	Category/ Type
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) C. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 7.45 Transaction ID : SB17.4453 [MEMO ITEM]
City DES MOINES	State IA	
Zip Code 50318	Purpose of Disbursement CC PMT 12/27/13:POSTAGE	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	250.90
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 60 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1165 2ND AVENUE		Amount of Each Disbursement this Period 8.75
City DES MOINES	State IA Zip Code 50318	
Purpose of Disbursement CC PMT 12/27/13:POSTAGE		Transaction ID : SB17.4454
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 238.21
City ELGIN	State IL Zip Code 60123	
Purpose of Disbursement CC PMT 12/27/13:MOBILE PHONE EXPENSE		Transaction ID : SB17.4466
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 805 FIFTEENTH ST NW SUITE 430		Amount of Each Disbursement this Period 500.00
City WASHINGTON	State DC Zip Code 20005	
Purpose of Disbursement IN-KIND CONTRIBUTION: CATERING SERVICES		Transaction ID : SB17.4568
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	500.00
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 61 OF 64	
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013	
Mailing Address 805 FIFTEENTH ST NW SUITE 430			
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 724.47 Transaction ID : SB17.4569		
Purpose of Disbursement IN-KIND CONTRIBUTION: CATERING SERVICES		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) B. YOUSENDIT		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 1919 S BASCOM AVE, FL 3			
City CAMPBELL State CA Zip Code 95008	Amount of Each Disbursement this Period 14.99 Transaction ID : SB17.4473 [MEMO ITEM]		
Purpose of Disbursement CC PMT 12/27/13:ONLINE SUBSCRIPTIONS		Category/Type	
Candidate Name			
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: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code	Amount of Each Disbursement this Period		
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).....	724.47
TOTAL This Period (last page this line number only).....	116469.40

**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 62 OF 64			
	<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)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. DEB HANSEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1469 GLEN OAKS DR		Amount of Each Disbursement this Period 2600.00
City WEST DES MOINES State IA Zip Code 50266	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	Transaction ID : SB20A.4448
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	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:		

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

**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 63 OF 64	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 320 FIRST STREET SE			Amount of Each Disbursement this Period 25000.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement TRANSFER TO PARTY COMMITTEE		Category/ Type	Transaction ID : SB21.4498
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 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: _____		

SUBTOTAL of Disbursements This Page (optional)	25000.00
TOTAL This Period (last page this line number only)	25000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BOGART ASSOCIATES

Nature of Debt (Purpose):
FUNDRAISING COMMISSIONS

Mailing Address 1200 TRINITY DRIVE

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

6051.28

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

6051.28

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FIRST BANKCARD

Nature of Debt (Purpose):
FUNDRAISING, TRAVEL AND OFFICE EXPENSES

Mailing Address PO BOX 2818

City State Zip Code
OMAHA NE 68103

Outstanding Balance Beginning This Period

7987.60

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

7987.60

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MACDONALD LETTER SERVICE

Nature of Debt (Purpose):
CAMPAIGN MAILING

Mailing Address 1632 OHIO STREET

City State Zip Code
DES MOINES IA 50314

Outstanding Balance Beginning This Period

7606.77

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

7606.77

Outstanding Balance at Close of This Period

0.00

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

	0.00
	0.00