

**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 ASHLEY WOLFTORNABANE

ADDRESS (number and street)

522 TERRENCE ST

Check if different
than previously
reported. (ACC)

STORM LAKE

IA

50588

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00909499

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IA

04

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
07 / 01 / 2025

through

M M / D D / Y Y Y Y
09 / 30 / 2025

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 WOLFTORNABANE, ASHLEY, , ,

Signature of Treasurer

WOLFTORNABANE, ASHLEY, , ,

Date

M M / D D / Y Y Y Y
01 / 28 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

IOWANS FOR ASHLEY WOLFTORNABANE

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	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))	6222.00	6222.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6222.00	6222.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3012.32	3012.32
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3012.32	3012.32
8. Cash on Hand at Close of Reporting Period (from Line 27)	3209.68	
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)	633.98	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

IOWANS FOR ASHLEY WOLFTORNABANE

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**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).....

3160.00

3160.00

(ii) Unitemized

3062.00

3062.00

(iii) TOTAL of contributions
from individuals ▶

6222.00

6222.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

6222.00

6222.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

6222.00

6222.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3012.32	3012.32
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3012.32	3012.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6222.00
25. SUBTOTAL (add Line 23 and Line 24).....	6222.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3012.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3209.68

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 15

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

Carr, Heather, , ,

Mailing Address 805 W 3rd Street

City

Aurelia

State

IA

Zip Code

51005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prairie Lakes AEA

Occupation

Speech-language Pathologist

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2025D D / Y Y Y Y Y
22 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

300.00

☐ Memo Item

Act Blue Check Number: 401658729

Full Name (Last, First, Middle Initial)

Act Blue

Mailing Address PO Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2025D D / Y Y Y Y Y
27 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.4189.0

Amount of Each Receipt this Period

300.00

☒ Memo ItemHeather Carr donation; Act Blue Check Number:
401658729

Full Name (Last, First, Middle Initial)

Cone, Cindy, , ,

Mailing Address 761 610th St

City

Storm Lake

State

IA

Zip Code

50588

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Not Employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2025D D / Y Y Y Y Y
24 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

200.00

☐ Memo Item

Act Blue Direct Deposit Number: 401716833

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

500.00

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 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

Act Blue

A.

Mailing Address PO Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3417.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 28 2025

Transaction ID : SA11AI.4252.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

Cindy Cone Donation; Act Blue Direct Deposit Number:
A01716822

Full Name (Last, First, Middle Initial)

Daniels, Di, , ,

B.

Mailing Address 1624 W 6th St

City

Storm Lake

State

IA

Zip Code

50588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NA

Not Employed

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 06 2025

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

300.00

☐ Memo Item

Act Blue Check number: 401639025

Full Name (Last, First, Middle Initial)

Act Blue

C.

Mailing Address PO Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 06 2025

Transaction ID : SA11AI.4154.0

Amount of Each Receipt this Period

300.00

☒ Memo Item

Di Daniels Contribution; Act Blue Check number:
401639025

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

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

300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

Depew, Jerry, , ,

Mailing Address 16595 450th St

City

Laurens

State

IA

Zip Code

50554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 08 2025

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

200.00

☐ Memo Item

Act Blue Ceck Number: 401644968

Full Name (Last, First, Middle Initial)

Act Blue

Mailing Address PO Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 13 2025

Transaction ID : SA11AI.4156.0

Amount of Each Receipt this Period

200.00

☒ Memo ItemJerry Depew donation; Act Blue Ceck Number:
401644968

Full Name (Last, First, Middle Initial)

Depew, Jerry, , ,

Mailing Address 16595 450th St

City

Laurens

State

IA

Zip Code

50554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 22 2025

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

160.00

☐ Memo ItemEarmarked for Steak Fry Ticket and Booth; Act Blue
Direct Deposit Number: 401644968**SUBTOTAL** of Receipts This Page (optional)..... ▶

360.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANEFull Name (Last, First, Middle Initial)
Act Blue

Mailing Address PO Box 441146

City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2897.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2025

Transaction ID : SA11AI.4209.0

Amount of Each Receipt this Period

160.00

☒ Memo ItemJerry Depew donation for Steak Fry; Act Blue Direct
Deposit Number: 401683706Full Name (Last, First, Middle Initial)
Fleshner, Pat, L, ,Mailing Address 214 S 20th
Apt 205City
DenisonState
IAZip Code
51442FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2025

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
Lindeman, Lisa, Ruth, ,

Mailing Address 352 620th St

City
AltaState
IAZip Code
51002FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Dentist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2025

Transaction ID : SA11AI.4117

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

Phillips, Maribeth, , ,

A.

Mailing Address 1201 Office Park Road APT 2007

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Not Employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	5

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

500.00



Memo Item

Act Blue Check Number: 401666700

B.

Full Name (Last, First, Middle Initial)

Act Blue

Mailing Address PO Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

Transaction ID : SA11AI.4193.0

Amount of Each Receipt this Period

500.00



Memo Item

Maribeth Phillips donation; Act Blue Check Number:
401666700**C.**

Full Name (Last, First, Middle Initial)

WOLFTORNABANE, ASHLEY, , ,

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

FEC ID number of contributing
federal political committee.

C

H6IA04159

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

445.00



Memo Item

Travel advance: gas for first 90 days of campaign

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

500.00

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

3160.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement

Steak Fry Ticket and booth, paid with earmarked Act Blue donation from Jerry

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4350

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement

Act Blue Fee DD# 401683796

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6.13

Transaction ID : SB17.4324

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement

Act Blue DD# 401688349

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.63

Transaction ID : SB17.4325

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

158.76

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		07		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Act Blue fee DD# 401697402

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.96

Transaction ID : SB17.4326

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Act Blue DD# 401702731

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4.17

Transaction ID : SB17.4327

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Iowa Democratic Party Liberty and Justice ticket for staffer

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4362

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

81.13

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Act Blue Fee DD# 401710441

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.40

Transaction ID : SB17.4328

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Act Blue

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Act Blue fee DD# 401716833

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.95

Transaction ID : SB17.4329

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. CE Print + promo

Mailing Address 2700 Bell Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2025

City
Des MoinesState
IAZip Code
50321

FEC Identification Number

C

Purpose of Disbursement
Campaign literature

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

772.54

Transaction ID : SB17.4363

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

793.89

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

A. Ian MacDonald Studios

Mailing Address 8660 Cherry Lane

City
WestminsterState
COZip Code
80031Purpose of Disbursement
graphic design

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4360

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Squarespace

Mailing Address 8 Clarkson St

City
New YorkState
NYZip Code
10014Purpose of Disbursement
1 year Website hosting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

265.79

Transaction ID : SB17.4358

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walmart

Mailing Address 1831 Lake Ave

City
Storm LakeState
IAZip Code
50588Purpose of Disbursement
Campaign literature from Walmart Photo

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

164.35

Transaction ID : SB17.4337

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1430.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1831 Lake Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2025

City
Storm LakeState
IAZip Code
50588

FEC Identification Number

C

Purpose of Disbursement
Nomination Petition signature collection supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.63

Transaction ID : SB17.4352

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 1831 Lake Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		07		2025

City
Storm LakeState
IAZip Code
50588

FEC Identification Number

C

Purpose of Disbursement
blank stickers for printing campaign logo

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.49

Transaction ID : SB17.4355

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

27.12

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

2491.04

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

IOWANS FOR ASHLEY WOLFTORNABANE

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

WOLFTORNABANE, ASHLEY, , ,

Nature of Debt (Purpose):

Advance for initial required \$100 deposit to
open campaign bank account

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4366

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

WOLFTORNABANE, ASHLEY, , ,

Nature of Debt (Purpose):

Advance for campaign launch posters printed
at Walmart

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4367

Amount Incurred This Period

88.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

88.98

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

WOLFTORNABANE, ASHLEY, , ,

Nature of Debt (Purpose):

Travel Advance: Gas for first 90 days of
campaign

Mailing Address PO Box 42

City

STORM LAKE

State

IA

Zip Code

50588

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4314

Amount Incurred This Period

445.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

445.00

1) **SUBTOTALS** This Period This Page (optional) ▶

633.98

2) **TOTALS** This Period (last page this line number only) ▶

633.98

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

633.98