

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ERNST VICTORY IOWA

ADDRESS (number and street)

PO BOX 93441

Check if different
than previously
reported. (ACC)

DES MOINES

IA

50393

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00610428

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2024

through

M M M / D D D / Y Y Y Y Y Y
09 30 2024

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

HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2024

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 3X**
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ERNST VICTORY IOWAReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2024

 To:

M M	/	D D	/	Y Y Y Y Y
09		30		2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2024		17327.08
(b) Cash on Hand at Beginning of Reporting Period.....	17459.81	
(c) Total Receipts (from Line 19)	66590.24	112032.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	84050.05	129359.79
7. Total Disbursements (from Line 31)	67967.10	113276.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16082.95	16082.95
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	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ERNST VICTORY IOWA

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2024

To:

M M / D D / Y Y Y Y
09 30 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

64390.00

109831.99

(ii) Unitemized

200.00

200.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

64590.00

110031.99

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2000.00

2000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

66590.00

112031.99

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.24

0.72

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

66590.24

112032.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

66590.24

112032.71

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2967.10	20276.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2967.10	20276.84
22. Transfers to Affiliated/Other Party Committees.....	65000.00	93000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67967.10	113276.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67967.10	113276.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66590.00	112031.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66590.00	112031.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2967.10	20276.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2967.10	20276.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STARK, C., RICHARD , MR., JR.

Mailing Address 651 S OCEAN BLVD

City
BOCA RATONState
FLZip Code
33432-6220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIRST AMERICAN BANKOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2024

Transaction ID : SA11A.734254

Amount of Each Receipt this Period

6600.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEELY, SUSAN, K., MS.,

Mailing Address 7715 CURTIS STREET

City
CHEVY CHASEState
MDZip Code
20815-4913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN COUNCIL OF LIFE INSURERSOccupation (for Individual)
TRADE ASSOC CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2024

Transaction ID : SA11A.734426

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHNEIDER, CHARLES, M., ,

Mailing Address 7887 CODY DR.

City
WEST DES MOINESState
IAZip Code
50266-2617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRINCIPAL FINANCIAL GROUPOccupation (for Individual)
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2024

Transaction ID : SA11A.737856

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

8100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIERENFELD, PAULA, , ,

Mailing Address 8151 WELLINGTON BOULEVARD

City
JOHNSTONState
IAZip Code
50131-8740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2024

Transaction ID : SA11A.737909

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELS, RONALD, L., ,

Mailing Address 4350 WESTOWN PARKWAY STE 100

City
WEST DES MOINESState
IAZip Code
50266-1062FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DANIELS INVESTMENT COOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2024

Transaction ID : SA11A.737916

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOLL, MARK, , MR.,Mailing Address 515 E LOCUST ST
STE 500 NCity
DES MOINESState
IAZip Code
50309-1970FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOLL DISTRIBUTINGOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2024

Transaction ID : SA11A.738915

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALSH, MARTIN, , ,

Mailing Address 229 SOUTH 58TH COURT

City
WEST DES MOINESState
IAZip Code
50266-2868FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALSH DOOR & SECURITYOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2024

Transaction ID : SA11A.738943

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHALEN, MIKE, L., MR.,

Mailing Address 515 EAST LOCUST

City
DES MOINESState
IAZip Code
50309-1969FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEART OF AMERICA GROUPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2024

Transaction ID : SA11A.738945

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOCKENBERG, HARLAN, D., ,Mailing Address 2100 WESTON PARKWAY
210City
DES MOINESState
IAZip Code
50265-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COPPOLA HOCKENBERG, P.C.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2024

Transaction ID : SA11A.738975

Amount of Each Receipt this Period

750.00

☐ Memo Item
CONTRIBUTION

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

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

2750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NETTELAND, ROBERT, , MR.,

Mailing Address 2976 132ND COURT

City
URBANDALEState
IAZip Code
50323-2113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2024**Transaction ID : SA11A.738976**

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, ALAN, , ,

Mailing Address 6611 BROOK RIDGE CT

City
JOHNSTONState
IAZip Code
50131-4800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2024**Transaction ID : SA11A.738977**

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANK, LYNN, K., ,

Mailing Address 10183 NW 74TH AVE

City
JOHNSTONState
IAZip Code
50131-7250FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2024**Transaction ID : SA11A.738980**

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMONSON, MICHAEL, , ,

Mailing Address 1717 INGERSOLL

City
DES MOINESState
IAZip Code
50309-3329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIMONSON & ASSOCIATES ARCHITECTSOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2024

Transaction ID : SA11A.738978

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, TIMOTHY, D., DR.,

Mailing Address 6245 ENCLAVE LANE

City
JOHNSTONState
IAZip Code
50131-1780FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2024

Transaction ID : SA11A.738992

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JANECKO, CHARLOTTE, , ,

Mailing Address 5748 GALLERY COURT

City
WEST DES MOINESState
IAZip Code
50266-6629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2024

Transaction ID : SA11A.738994

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEMERY, MICHAEL, W., MR.,

Mailing Address 1275 COUNTY HIGHWAY J23

City
CLEARFIELDState
IAZip Code
50840-8814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DM2Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2024

Transaction ID : SA11A.738991

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROTH, MARY, K., MR.,

Mailing Address 906 27TH ST

City
WEST DES MOINESState
IAZip Code
50265-3266FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RC SEARCH GROUPOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2024

Transaction ID : SA11A.738995

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLACE, SAMUEL, , ,

Mailing Address 1 GREENWOOD TER

City
DES MOINESState
IAZip Code
50312-2172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2024

Transaction ID : SA11A.738996

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BASS, DOUG, , ,

Mailing Address 10162 74TH AVENUE NW

City
JOHNSTONState
IAZip Code
50131-7313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2024

Transaction ID : SA11A.739000

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLOWERS, DEREK, , ,

Mailing Address 1331 UNIVERSITY AVE #201

City
WAUKEEState
IAZip Code
50263-8586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOCK10 STRATEGIESOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2024

Transaction ID : SA11A.738999

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHEELER, CHARLES, , ,

Mailing Address 5231 WOODLAND AVE.

City
DES MOINESState
IAZip Code
50312-1943FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAIRDOccupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2024

Transaction ID : SA11A.739001

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERNAU, THOMAS, R., MR.,

Mailing Address 1001 GRAND AVE

City
WEST DES MOINESState
IAZip Code
50265-3502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BERNAU CAPITAL PARTNERSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11A.739007

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EGGERT, STEVEN, L., MR.,

Mailing Address 1610 R STREET #250

City
SACRAMENTOState
CAZip Code
95811-6685FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANTON DEV COOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11A.739008

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GANSKE, JOHN, G., DR.,

Mailing Address 5206 WATERBURY RD

City
DES MOINESState
IAZip Code
50312-1922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11A.739006

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMBERTI, JEFFREY, M., MR.,

Mailing Address 210 NE DELAWARE AVENUE

City
ANKENYState
IAZip Code
50021-6714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAMBERTI, GOCKE & LUETJE, P.C.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2024

Transaction ID : SA11A.739005

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RENDA, JOHN, , ,

Mailing Address 1305 SOUTHWEST 37TH STREET

City
GRIMESState
IAZip Code
50111-5064FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RENDIA GROUPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2024

Transaction ID : SA11A.739009

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDS, MICHAEL, J., MR.,Mailing Address 5465 MILLS CIVIC PARKWAY
400City
WEST DES MOINESState
IAZip Code
50266-5321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KIRKE FINANCIALOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2024

Transaction ID : SA11A.743112

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

4500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAUR, ROBERT, F., ,

Mailing Address 4419 OAKWOOD LANE

City
WEST DES MOINESState
IAZip Code
50265-5436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRINCIPAL FINANCIAL GROUPOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743174

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOOTE, MARY, J., ,

Mailing Address 300 WALNUT #123

City
DES MOINESState
IAZip Code
50309-2242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLOBAL FARMER NETWORKOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743164

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARIS, DAVID, C., ,

Mailing Address 5401 WOODLAND AVE

City
DES MOINESState
IAZip Code
50312-1947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMUNITY BANKERS OF IOWAOccupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743169

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHURCHILL, STEVEN, W., ,

Mailing Address 664 56TH ST

City
DES MOINESState
IAZip Code
50312-1951FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRANSTAD CHURCHILL GROUPOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743167

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COWNIE, JAMES, S., MR.,

Mailing Address 350 E LOCUST ST STE 500

City
DES MOINESState
IAZip Code
50309-1847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743161

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRITELLI, CHERYL, M., ,

Mailing Address 5447 SANDSTONE DR

City
WEST DES MOINESState
IAZip Code
50266-3847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEERE CREDIT SERVICES INCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743166

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, JEFFREY, L., MR.,

Mailing Address 1501 42ND STREET SUITE 300

City
WEST DES MOINESState
IAZip Code
50266-1056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOODMAN LAWOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743165

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSS, EILEEN, S., ,

Mailing Address 4117 ASHBY AVE

City
DES MOINESState
IAZip Code
50310-4111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743173

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARGENS, ROGER, , MR.,

Mailing Address 10111 BELLA STRADA LANE

City
JOHNSTONState
IAZip Code
50131-2508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACCUMOLD LLCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743162

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

4500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTY, MARY, J., ,

Mailing Address 5634 PONDEROSA DR

City
WEST DES MOINESState
IAZip Code
50266-2863FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SKEFFINGTON SOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743175

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINCH, MATTHEW, E., MR.,

Mailing Address 4319 OAKWOOD LANE

City
WEST DES MOINESState
IAZip Code
50265-5423FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CORNERSTONEOccupation (for Individual)
PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743172

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOU, LISHENG, , ,

Mailing Address 5011 COUNTRY CLUB BLVD

City
DES MOINESState
IAZip Code
50312-1913FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IOWA STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743179

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JUCKETTE, LINDA, K., MS.,

Mailing Address P.O. BOX 40

City
CUMMINGState
IAZip Code
50061-0040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUCKETTE MANAGEMENTOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743177

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARSON, CHARLES, W., MR., SR.

Mailing Address 510 E LOCUST STREET SUITE 200

City
DES MOINESState
IAZip Code
50309-1965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LS2Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743168

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARASCO, R., E., , JR.

Mailing Address 3715 SW 28TH PL

City
DES MOINESState
IAZip Code
50321-2030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743163

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHELL, JOE, , ,

Mailing Address 300 WALNUT ST UNIT 2306

City
DES MOINESState
IAZip Code
50309-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
J. MITCHELL REAL ESTATEOccupation (for Individual)
DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024**Transaction ID : SA11A.743180**

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RASMUSSEN, LYNETTE, SKOW, MRS.,

Mailing Address 6846 NW BEAVER DR.

City
JOHNSTONState
IAZip Code
50131-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RASMUSSENOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024**Transaction ID : SA11A.743160**

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROTH, MARK, , ,

Mailing Address 300 WALNUT ST UNIT123

City
DES MOINESState
IAZip Code
50309-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWN WINICKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024**Transaction ID : SA11A.743176**

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUPPRECHT, MARK, A., ,

Mailing Address 1174 BURR OAKS DRIVE

City
WEST DES MOINESState
IAZip Code
50266-6618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
R&R REALTY GROUPOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743159

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLIFKA, KAREN, , MS.,

Mailing Address 510 EAST LOCUST STREET

City
DES MOINESState
IAZip Code
50309-1965FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LS2 GROUPOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743171

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHISENAND, MARY, E., MS.,

Mailing Address 3100 GRAND AVENUE #5E

City
DES MOINESState
IAZip Code
50312-4118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GRADGUARDOccupation (for Individual)
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743170

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 30
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLNERMAN, MICHAEL, JERRY, MR.,

Mailing Address 7 SW 56TH ST

City
DES MOINESState
IAZip Code
50312-2155FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OUTCOMESMTMOccupation (for Individual)
PHARMACIST SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2024

Transaction ID : SA11A.743178

Amount of Each Receipt this Period

540.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINS, GENTRY, , ,

Mailing Address 70 I ST SE

City
WASHINGTONState
DCZip Code
20003-4800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAP PUBLIC AFFAIRSOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2024

Transaction ID : SA11A.744336

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENSLEY, CHRISTINE, , ,

Mailing Address 753 55TH STREET

City
DES MOINESState
IAZip Code
50312-1826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2024

Transaction ID : SA11A.744349

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1540.00

64390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 30
(check only one)

☐ 11a	☐ 11b	☒ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☐ 17

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN KENNEL CLUB INC. PAC

Mailing Address 101 PARK AVENUE, 5TH FLOOR

City
NEW YORKState
NYZip Code
10178-0300FEC ID number of contributing
federal political committee.**C**

C00441808

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2024

Transaction ID : SA11C.734229

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAREWAY STORES, INC. PAC (FAS PAC)

Mailing Address P.O. BOX 70

City
BOONEState
IAZip Code
50036-0070FEC ID number of contributing
federal political committee.**C**

C00331686

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2024

Transaction ID : SA11C.738964

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

2000.00

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

2000.00

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

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B23_B

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B23

Amount of Each Disbursement this Period

20.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B22

Amount of Each Disbursement this Period

10.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.90

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

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B21

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B20

Amount of Each Disbursement this Period

80.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B19

Amount of Each Disbursement this Period

30.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

151.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B18

Amount of Each Disbursement this Period

201.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B17

Amount of Each Disbursement this Period

24.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B16

Amount of Each Disbursement this Period

50.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

276.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B15

Amount of Each Disbursement this Period

100.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B14

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B002

Amount of Each Disbursement this Period

247.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

388.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. SOCKO STRATEGIES LLC

Mailing Address 1101 30TH ST NW STE 125

City
WASHINGTONState
DCZip Code
20007

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B001

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B13

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B11

Amount of Each Disbursement this Period

20.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

560.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B11_B

Amount of Each Disbursement this Period

 4.30☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B002_B

Amount of Each Disbursement this Period

 480.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SOCKO STRATEGIES LLC

Mailing Address 1101 30TH ST NW STE 125

City
WASHINGTONState
DCZip Code
20007

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B001_B

Amount of Each Disbursement this Period

 1035.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1519.30

2967.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ERNST VICTORY IOWA

Full Name (Last, First, Middle Initial)

A. JONI FOR IOWA

Mailing Address PO BOX 93441

City
DES MOINESState
IAZip Code
50393

Purpose of Disbursement

TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

ERNST, JONI, K, ,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: IA District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	4		

FEC Identification Number

C S4IA00129

Transaction ID : SB22001

Amount of Each Disbursement this Period

1358.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JONI PAC IOWA

Mailing Address PO BOX 93441

City
DES MOINESState
IAZip Code
50393

Purpose of Disbursement

TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB22001_B

Amount of Each Disbursement this Period

63641.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65000.00

65000.00