

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

WALT ROGERS FOR IOWA

ADDRESS (number and street) ▼

PO BOX 1142

Check if different than previously reported. (ACC)

CEDAR FALLS

IA

50613

2. **FEC IDENTIFICATION NUMBER** ▼

C C00550582

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IA

01

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 JUSTIN BARTLETT

Signature of Treasurer JUSTIN BARTLETT

[Electronically Filed]

Date

/ /

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
WALT ROGERS FOR IOWA

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	127284.10	127284.10
(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)).....	127284.10	127284.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56677.96	56677.96
(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)).....	56677.96	56677.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	70606.14	
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

WALT ROGERS FOR IOWA

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).....	108801.00	108801.00
(ii) Unitemized.....	17911.00	17911.00
(iii) TOTAL of contributions from individuals ▶	126712.00	126712.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	72.10	72.10
(d) The Candidate.....	500.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	127284.10	127284.10
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)..... ▶	127284.10	127284.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56677.96	56677.96
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) ►	56677.96	56677.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	127284.10
25. SUBTOTAL (add Line 23 and Line 24).....	127284.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56677.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	70606.14

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
BRUCE JAY ADKINS

Mailing Address 4201 NEWLAND DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
RE/MAX HOME GROUP REAL ESTATE AGENT

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
12 / 16 / 2013

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 25123 189TH STREET

City State Zip Code
BETTENDORF IA 52722

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

Name of Employer Occupation
DEERE & COMPANY CHAIRMAN & CEO

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
11 / 14 / 2013

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARY JO BAGELMANN

Mailing Address 1410 CEDAR RIVER DR

City State Zip Code
WAVERLY IA 50677

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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 / 22 / 2013

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

2750.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
DAVID E BARTLETT

Mailing Address 3508 ROWND ST

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
ORCHARD HILL CHURCH MINISTRY DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

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

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
310.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEAN REBECCA BENNETT

Mailing Address 3011 NEOLA ST

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
N/A HOMEMAKER

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 / 02 / 2013

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN WAYNE BLOCK

Mailing Address 3219 CARLTON DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
PLYMOUTH AUCTIONEERING ART AUCTIONEER

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
10 / 16 / 2013

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

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

5560.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
JOHN WAYNE BLOCK

Mailing Address 3219 CARLTON DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
PLYMOUTH AUCTIONEERING ART AUCTIONEER

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 : SA11AI.4783

Amount of Each Receipt this Period
 2400.00

Redesignate: CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN WAYNE BLOCK

Mailing Address 3219 CARLTON DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
PLYMOUTH AUCTIONEERING ART AUCTIONEER

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 : SA11AI.4784

Amount of Each Receipt this Period
 -2400.00

Redesignate: TO GENERAL

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN WAYNE BLOCK

Mailing Address 3219 CARLTON DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
PLYMOUTH AUCTIONEERING ART AUCTIONEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 22 2013

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

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

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

200.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ROSANNE BOWERS

Mailing Address 3609 KINGSWOOD PL

City Waterloo State IA Zip Code 50701

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

Name of Employer ICCU Occupation CREDIT UNION VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHERYL LYNN BRANDHORST

Mailing Address 933 PARKWAY CT

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer L & M TRANSMISSIONS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

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

Mailing Address 504 10TH ST

City GRUNDY CENTER State IA Zip Code 50638

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

Name of Employer ORCHARD HILL CHURCH Occupation PASTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1400.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
C EDWARD BROWN

Mailing Address 805 59TH ST

City WEST DES MOINES State IA Zip Code 50266

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

Name of Employer IOWA CLINIC Occupation CEO

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
 12 / 31 / 2013

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 604 W 28TH ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SCRATCH CUPCAKERY Occupation CHIEF FINANCIAL OFFICER

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 / 07 / 2013

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN E BUTLER

Mailing Address 2000 S GRANDVIEW AVE

City DUBUQUE State IA Zip Code 52003

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

Name of Employer COTTINGHAM & BUTLER Occupation PRESIDENT

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 / 08 / 2013

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1750.00

**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 10 OF 85
	<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)
WALT ROGERS FOR IOWA

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

Mailing Address 897 MOUNT CARMEL RD

City State Zip Code
DUBUQUE IA 52003

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

Name of Employer Occupation
KENDALL/HUNT PUBLISHING PRESIDENT AND COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM DENNIS COLWELL

Mailing Address 427 PRIMROSE DR

City State Zip Code
HUDSON IA 50643

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

Name of Employer Occupation
BILL COLWELL FORD, INC. BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
310.00
CONTRIBUTION

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

Mailing Address 48 MUSIC SQUARE EAST

City State Zip Code
NASHVILLE TN 37203

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

Name of Employer Occupation
CURB RECORDS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3160.00

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

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

FOR LINE NUMBER: PAGE 11 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
SCOTT KEITH DAGIT

Mailing Address 5320 FJORD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
UPS DELIVERY DRIVER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 13 2013

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCOTT KEITH DAGIT

Mailing Address 5320 FJORD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
UPS DELIVERY DRIVER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 15 2013

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

Mailing Address 5533 PRESTWICK LN

City State Zip Code
DALLAS TX 75252

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

Name of Employer Occupation
DAHLGREN DUCK OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 01 2013

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

2800.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
DAN DAVID DEERY

Mailing Address 3308 PHEASANT DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer DAN DEERY MOTORS Occupation PRESIDENT

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 : SA11AI.4261

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAMELA K DELAGARDELLE

Mailing Address 21639 225TH ST

City GRUNDY CENTER State IA Zip Code 50638

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

Name of Employer ALLEN HEALTH SYSTEM Occupation PRESIDENT AND CEO

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 : SA11AI.4265

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1285 RED FOX WAY

City MARION State IA Zip Code 52302

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

Name of Employer EAGLE RIDGE MFG HOUSING COMMUNITY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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: PAGE 13 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
KESLEY EGLI

Mailing Address **2628 NW HERITAGE AVE**

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

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

Name of Employer **POWERHOUSE RETAIL SERVICES** Occupation **RETAIL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **6940 BOWMAN LN NE**

City **CEDAR RAPIDS** State **IA** Zip Code **52402**

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

Name of Employer **N/A** 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
11 / 27 / 2013

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHERYL ANNE FALB

Mailing Address **770 MOUNT CARMEL RD**

City **DUBUQUE** State **IA** Zip Code **52003**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

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
11 / 22 / 2013

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
2600.00
 Reattribute: FROM SPOUSE

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

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

3400.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
MARK CHARLES FALB

Mailing Address 770 MOUNT CARMEL RD

City DUBUQUE State IA Zip Code 52003

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

Name of Employer KENDALL HUNT PUBLISHING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK CHARLES FALB

Mailing Address 770 MOUNT CARMEL RD

City DUBUQUE State IA Zip Code 52003

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

Name of Employer KENDALL HUNT PUBLISHING Occupation OWNER

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
 11 / 22 / 2013

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period
-2600.00

Reattribute: CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUGH MEYER FIELD

Mailing Address 561 SUNSET RD

City WATERLOO State IA Zip Code 50701

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

2850.00

**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 15 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ROGER LAWRENCE FISHER

Mailing Address 2006 TILBURY RD

City Waterloo State IA Zip Code 50701

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

Mailing Address 3019 COBBLE STONE CT

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer STONEBRIDGE LTD. Occupation INFORMATION REQUESTED

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 / 18 / 2013

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KRISTIN ANN FRITZ

Mailing Address 1016 BARRINGTON DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer ORCHARD HILL CHURCH Occupation ACCOUNTANT

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
 12 / 30 / 2013

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1200.00

**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 16 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
LINDA KAY HAMER

Mailing Address 14910 LINCOLN RD

City State Zip Code
TRAER IA 50675

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 27 2013

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THEODORE ROBERT HAMER

Mailing Address 14910 LINCOLN RD

City State Zip Code
TRAER IA 50675

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

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

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARBARA BELLE HAMES

Mailing Address PO BOX 217

City State Zip Code
MARION IA 52302

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

Name of Employer Occupation
HAMES HOMES MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 15 2013

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

**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 17 OF 85
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. CURT HAMES		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013	
Mailing Address PO BOX 217		Transaction ID : SA11AI.4339	
City MARION	State IA	Zip Code 52302	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HAMES MOBILE HOMES, INC.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. CURT HAMES		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013	
Mailing Address PO BOX 217		Transaction ID : SA11AI.4340	
City MARION	State IA	Zip Code 52302	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HAMES MOBILE HOMES, INC.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) C. MARK ALAN HETH		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013	
Mailing Address 3609 KINGSWOOD PL		Transaction ID : SA11AI.4776	
City WATERLOO	State IA	Zip Code 50701	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer ICCU	Occupation CREDIT UNION CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
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 18 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
PETER J HOHNSTEIN

Mailing Address 3715 WYNNEWOOD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
WHEATON FRANCISCAN HEALTHCARE ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARNOLD N HONKAMP

Mailing Address 1050 PRINCE PHILLIP DR

City State Zip Code
DUBUQUE IA 52003

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

Name of Employer Occupation
HONKAMP & KRUEGER ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2013

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
750.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CALVIN RICHARD IEHL

Mailing Address 4219 EASTPARK RD

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
AGAPE THERAPY PHYSICAL THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

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

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2250.00

**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 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
CALVIN RICHARD IEHL

Mailing Address 4219 EASTPARK RD

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
AGAPE THERAPY PHYSICAL THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

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

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 138 BREAKENRIDGE FARM

City State Zip Code
OAK BROOK IL 60523

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

Name of Employer Occupation
N/A HOMEMAKER

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
 11 19 2013

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLENE M JACOBSON

Mailing Address 2006 CRESCENT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
ESTATE FENCES, INC. SMALL BUSINESS OWNER

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
 11 22 2013

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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: (check only one)	PAGE 20 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
GLENN WILLARD JENKINS

Mailing Address 6 WINTER RIDGE RD

City Waterloo State IA Zip Code 50701

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALBERT L JENNINGS

Mailing Address 4622 MADISON AVENUE

City DES MOINES State IA Zip Code 50310

FEC ID number of contributing federal political committee. C

Name of Employer EFCO Occupation CEO

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
 11 / 13 / 2013

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address W147 EAST RIVER RD

City HAYWARD State WI Zip Code 54843

FEC ID number of contributing federal political committee. C

Name of Employer JOHNSON TIMBER CORP Occupation EXECUTIVE

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 / 31 / 2013

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1650.00

**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 85
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ALAN EDWARD KARKOSH		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 10639 HICKS RD		Transaction ID : SA11AI.4434	
City HUDSON	State IA	Zip Code 50643	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1001.00		

Full Name (Last, First, Middle Initial) B. GARY LEE KARKOSH		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2013	
Mailing Address 4914 THYME RD		Transaction ID : SA11AI.4435	
City CEDAR FALLS	State IA	Zip Code 50613	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) C. RANDY LEE KRAAYENBRINK		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 1700 CIRCLE DR		Transaction ID : SA11AI.4452	
City WAVERLY	State IA	Zip Code 50677	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer FINANCIAL ARCHITECTS	Occupation FINANCIAL REPRESENTATIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1500.00
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 22 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ROBERT JESSE LATHAM

Mailing Address 356 PARK TER SE

City CEDAR RAPIDS State IA Zip Code 52403

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

Name of Employer LATHAM & ASSOCIATES Occupation ECONOMIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 8409 G24 HWY

City INDIANOLA State IA Zip Code 50125

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

Name of Employer IOWA HEALTH SYSTEM Occupation PRESIDENT

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 : SA11AI.4477

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RONALD EMIL LEISTIKOW

Mailing Address 2218 REED AVE

City READLYN State IA Zip Code 50668

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

1750.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
KENNETH ALLEN LOCKARD

Mailing Address 8024 SLAP TAIL TRL

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer LOCKARD COMPANIES Occupation CHAIRMAN

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
 12 / 05 / 2013

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARRY MICHAEL LUTEREK

Mailing Address 4828 W 4TH ST

City WATERLOO State IA Zip Code 50701

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

Name of Employer JOHN DEERE Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GERALD JOSEPH LYNCH

Mailing Address 101 3RD ST NW

City WAUCOMA State IA Zip Code 52171

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

Name of Employer LYNCH LIVESTOCK Occupation PRESIDENT

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
 12 / 06 / 2013

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1050.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
SHELIA CAMRETTE MATTOON

Mailing Address 4532 WILLIAM DR

City Waterloo State IA Zip Code 50701

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

Name of Employer N/A Occupation HOMEMAKER

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 / 31 / 2013

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEIL G MCMAHON

Mailing Address 415 WALNUT ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer WHEATON FRANCISCAN HEALTHCARE Occupation PHYSICIAN

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 / 10 / 2013

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL JOE MERCURIO

Mailing Address 802 STATE ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer FINANCIAL RESOURCE ADVISORS Occupation CERTIFIED FINANCIAL PLANNER

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
 12 / 26 / 2013

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2750.00

**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 25 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
GAYLEN D MILLER

Mailing Address 9404 W 27TH ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SELF Occupation BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GAYLEN D MILLER

Mailing Address 9404 W 27TH ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SELF Occupation BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
 -2600.00

Reattribute: CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLENNA RAYE MILLER

Mailing Address 9404 W 27TH ST

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
 2600.00

Reattribute: FROM SPOUSE

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

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

5200.00

**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 26 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
STEVEN PARKER MINKEL

Mailing Address 5219 FJORD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
SELF-EMPLOYED PAINTING 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
10 / 08 / 2013

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN PARKER MINKEL

Mailing Address 5219 FJORD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
SELF-EMPLOYED PAINTING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
531.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2013

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period
31.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN PARKER MINKEL

Mailing Address 5219 FJORD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
SELF-EMPLOYED PAINTING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
631.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

631.00

**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 27 OF 85
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) YUKI MIYAOKA		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address 409 N PACIFIC COAST HWY UNIT 294		Transaction ID : SA11AI.4532	
City REDONDO BEACH	State CA	Zip Code 90277	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation FIGURE SKATING COACH		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) YUKI MIYAOKA		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2013	
Mailing Address 409 N PACIFIC COAST HWY UNIT 294		Transaction ID : SA11AI.4533	
City REDONDO BEACH	State CA	Zip Code 90277	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation FIGURE SKATING COACH		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) YUKI MIYAOKA		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 409 N PACIFIC COAST HWY UNIT 294		Transaction ID : SA11AI.4534	
City REDONDO BEACH	State CA	Zip Code 90277	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4200.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation FIGURE SKATING COACH		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
CECILIA KAY MUDD

Mailing Address 3949 BEAVER RIDGE TRL

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
N/A HOMEMAKER

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
 10 / 03 / 2013

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period
2600.00

Reattribute: FROM SPOUSE

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

Mailing Address 3949 BEAVER RIDGE TRL

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
MUDD ADVERTISING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES ANTHONY MUDD

Mailing Address 3949 BEAVER RIDGE TRL

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
MUDD ADVERTISING OWNER

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
 10 / 03 / 2013

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
-2600.00

Reattribute: CONTRIBUTION

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 29 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
KELLIE PASCHKE

Mailing Address 510 SE ROSENKRANZ DR

City State Zip Code
WAUKEE IA 50263

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

Name of Employer Occupation
ASSOCIATION OF BUSINESS AND INDUSTRY VICE PRESIDENT, GOVERNMENT RELATIO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CURTIS LEE PATTERSON

Mailing Address 1015 ORCHARD DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
SELF FINANCIAL COACH

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 / 04 / 2013

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS ROBERT PENALUNA

Mailing Address 8034 SLAP TAIL TRL

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
THE CBE GROUP PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2250.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
JASON DALE PENCE

Mailing Address 2222 ERIK RD

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer JOHN DEERE Occupation BUSINESS UNIT MANAGER

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 / 15 / 2013

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID SCOTT PETERS

Mailing Address 4137 WYNNEWOOD DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer PETERS CONSTRUCTION CO. Occupation PRESIDENT

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 / 24 / 2013

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN LYNN RASH

Mailing Address 2682 HWY V18

City CLUTIER State IA Zip Code 52217

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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 / 19 / 2013

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

900.00

**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 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
BRUCE L RASTETTER

Mailing Address 10640 HIGHWAY D20

City ALDEN State IA Zip Code 50006

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

Name of Employer HAWKEYE RENEWABLE ENERGY Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

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

Mailing Address 2209 N SHORE DR

City CLEAR LAKE State IA Zip Code 50428

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

Name of Employer SELF Occupation ENTREPRENEUR

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
 12 / 19 / 2013

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GREGORY ALLEN SAUL

Mailing Address 1825 W GREENHILL RD

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer PIPAC Occupation OWNER

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
 10 / 01 / 2013

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period
 2600.00
 Reattribute: FROM SPOUSE

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

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

8300.00

**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 32 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
LEA ANN SAUL

Mailing Address 1825 W GREENHILL RD

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SAUL COMPANY PIPAC Occupation VP OF ADMINISTRATION IN INSURANCE SA

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 / 01 / 2013

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEA ANN SAUL

Mailing Address 1825 W GREENHILL RD

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer SAUL COMPANY PIPAC Occupation VP OF ADMINISTRATION IN INSURANCE SA

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 / 01 / 2013

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period
 -2600.00
 Reattribute: CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERLING ANDREW SCHMIESING

Mailing Address 315 DERBYSHIRE RD

City WATERLOO State IA Zip Code 50701

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

Name of Employer RETIRED Occupation BANKING

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 / 03 / 2013

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2850.00

**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 33 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
LISA ANN SIRES

Mailing Address 4107 HORSESHOE DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
CEDAR FALLS MOBILE HOME VILLAGE CO-OWNER

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 / 09 / 2013

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 8131 WELLINGTON BLVD

City State Zip Code
JOHNSTON IA 50131

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

Name of Employer Occupation
IOWA ASSOCIATION OF MUNICIPAL UTILITIE LEGISLATIVE AND REGULATORY COUNSEL

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 / 18 / 2013

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 909 HWY 218 N
PO BOX 143

City State Zip Code
LA PORTE CITY IA 50651

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

Name of Employer Occupation
SPENCE FARM FERTILIZER OWNER

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 / 19 / 2013

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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: (check only one)	PAGE 34 OF 85
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. CAROL SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address 4115 GREYSTONE DR		Transaction ID : SA11AI.4807	
City CEDAR RAPIDS	State IA	Zip Code 52411	Amount of Each Receipt this Period _____ 2500.00 Reattribute: FROM SPOUSE
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer ACCENTURE TECHNOLOGY SOLUTIONS	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00 _____		

Full Name (Last, First, Middle Initial) B. DAN SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2013	
Mailing Address 4115 GREYSTONE DR		Transaction ID : SA11AI.4672	
City CEDAR RAPIDS	State IA	Zip Code 52411	Amount of Each Receipt this Period _____ 5000.00 _____ CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation NONE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00 _____		

Full Name (Last, First, Middle Initial) C. DAN SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address 4115 GREYSTONE DR		Transaction ID : SA11AI.4806	
City CEDAR RAPIDS	State IA	Zip Code 52411	Amount of Each Receipt this Period _____ -2500.00 _____ Reattribute: CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation NONE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00 _____		

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 35 OF 85
	<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)
WALT ROGERS FOR IOWA

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

Mailing Address 4530 COMMONS CIR

City Waterloo State IA Zip Code 50701

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CRAIG JOSEPH TAKES

Mailing Address 13578 BURTONS FURNACE RD

City DURANGO State IA Zip Code 52039

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

Name of Employer HTS Occupation NATIONAL DISTRIBUTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1405 GREENWOOD PLACE

City ALEXANDRIA State VA Zip Code 22304

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

Name of Employer CORNERSTONE FAMILY COUNSELING Occupation COUNSELOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period
 2600.00
 Reattribute: FROM SPOUSE

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

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

3850.00

**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 36 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
THOMAS J TAUKE

Mailing Address 1405 GREENWOOD PLACE

City State Zip Code
ALEXANDRIA VA 22304

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS J TAUKE

Mailing Address 1405 GREENWOOD PLACE

City State Zip Code
ALEXANDRIA VA 22304

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

Name of Employer Occupation
N/A RETIRED

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
 10 / 01 / 2013

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
-2600.00

Reattribute: CONTRIBUTION

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

Mailing Address 495 77TH PLACE

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
BELLER DISTRIBUTING SALES

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
 12 / 31 / 2013

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

2850.00

**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 37 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ROBERT EARL TONKIN

Mailing Address 1916 FALCON RDG

City Waterloo State IA Zip Code 50701

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARILYN S VOORHEES

Mailing Address 3402 PHEASANT DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer STANDARD GOLF Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period
 5200.00
 Reattribute: FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MARILYN S VOORHEES

Mailing Address 3402 PHEASANT DR

City CEDAR FALLS State IA Zip Code 50613

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

Name of Employer STANDARD GOLF Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period
 -2600.00
 REDESIGNATE: TO GENERAL
[MEMO ITEM]

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

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

5450.00

**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 38 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
MARILYN S VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
2600.00

REDESIGNATE: FROM PRIMARY

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PETER E VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER E VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.4817

Amount of Each Receipt this Period
-2600.00

Redesignate: CONTRIBUTION

[MEMO ITEM]

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

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

5200.00

**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 39 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
PETER E VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

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 / 01 / 2013

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
 2600.00

Redesignate: TO GENERAL

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PETER E VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 10400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4819

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER E VOORHEES

Mailing Address 3402 PHEASANT DR

City State Zip Code
CEDAR FALLS IA 50613

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

Name of Employer Occupation
STANDARD GOLF OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period
 -5200.00

Reattribute: CONTRIBUTION

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
ROBERT WERSEN

Mailing Address 2505 MAPLE WOODS DRIVE

City State Zip Code
OSKALOOSA IA 52577

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

Name of Employer Occupation
INTERPOWER CORPORATION PRESIDENT

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 28 2013

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 9100 C ST RD SW

City State Zip Code
CEDAR RAPIDS IA 52404

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

Name of Employer Occupation
ASSOCIATES FOR BEHAVIORAL HEALTH PSYCHIATRIST

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 15 2013

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY DEAN WILHARM

Mailing Address 9100 C ST RD SW

City State Zip Code
CEDAR RAPIDS IA 52404

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

Name of Employer Occupation
ASSOCIATES FOR BEHAVIORAL HEALTH PSYCHIATRIST

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 15 2013

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period
 -5200.00

Reattribute: CONTRIBUTION

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 41 OF 85
	<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)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
JEFFREY DEAN WILHARM

Mailing Address 9100 C ST RD SW

City CEDAR RAPIDS State IA Zip Code 52404

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

Name of Employer ASSOCIATES FOR BEHAVIORAL HEALTH Occupation PSYCHIATRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

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

Mailing Address 9100 C ST RD SW

City CEDAR RAPIDS State IA Zip Code 52404

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

Name of Employer ASSOCIATES FOR BEHAVIORAL HEALTH Occupation PSYCHIATRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
 -2600.00

Redesignate: CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JEFFREY DEAN WILHARM

Mailing Address 9100 C ST RD SW

City CEDAR RAPIDS State IA Zip Code 52404

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

Name of Employer ASSOCIATES FOR BEHAVIORAL HEALTH Occupation PSYCHIATRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
 2600.00

Redesignate: TO GENERAL

[MEMO ITEM]

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 42 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
VICTORIA SUE WILHARM

Mailing Address 9100 C ST RD SW

City State Zip Code
CEDAR RAPIDS IA 52404

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 15 2013

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period
 5200.00

Reattribute: FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
VICTORIA SUE WILHARM

Mailing Address 9100 C ST RD SW

City State Zip Code
CEDAR RAPIDS IA 52404

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 15 2013

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period
 -2600.00

Redesignate: TO GENERAL

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
VICTORIA SUE WILHARM

Mailing Address 9100 C ST RD SW

City State Zip Code
CEDAR RAPIDS IA 52404

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 15 2013

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period
 2600.00

Redesignate: TO GENERAL

[MEMO ITEM]

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 43 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
GARY WILSON

Mailing Address **632 CUMNOR AVE**

City **GLEN ELLYN** State **IL** Zip Code **60137**

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

Name of Employer **MATRIX MANAGEMENT** Occupation **MANAGING DIRECTOR/OWNER**

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
11 / 07 / 2013

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOROTHY LARKIN YOUNG

Mailing Address **215 PAULINE PL**

City **WATERLOO** State **IA** Zip Code **50701**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

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 / 01 / 2013

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **215 PAULINE PL**

City **WATERLOO** State **IA** Zip Code **50701**

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

Name of Employer **DUTTON, BRAUN, STAACK & HELLMAN, PLC** Occupation **ATTORNEY**

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 / 05 / 2013

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

108801.00

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

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

FOR LINE NUMBER: PAGE 44 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

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

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

FEC ID number of contributing federal political committee. **C** C00528307

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 / 14 / 2013

Transaction ID : SA11C.5050

Amount of Each Receipt this Period
 72.10

In-kind - DIRECT EMAIL SERVICES

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

72.10

72.10

**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 45 OF 85
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
WALT ROGERS FOR IOWA

A. Full Name (Last, First, Middle Initial)
WALTER ROGERS

Mailing Address 4202 BRIARWOOD DR

City CEDAR FALLS State IA Zip Code 50613

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

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 / 31 / 2013

Transaction ID : SA11D.4781

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y 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

_____ 500.00

**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 46 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1249.30
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.5010
Candidate Name	Category/ Type	
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) B. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 84.50
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.5011
Candidate Name	Category/ Type	
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. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1083.23
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.5012
Candidate Name	Category/ Type	
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).....	2417.03
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 85	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 59.50
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.5013
Candidate Name	Category/Type	
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) B. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 1083.23
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.5014
Candidate Name	Category/Type	
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. ADP PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1 ADP BLVD		Amount of Each Disbursement this Period 59.50
City ROSELAND	State NJ	
Zip Code 97068	Purpose of Disbursement PAYROLL SERVICE	Transaction ID : SB17.5015
Candidate Name	Category/Type	
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).....	1202.23
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 11 / 14 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 1083.23	
Candidate Name	Transaction ID : SB17.5016	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 11 / 22 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL SERVICE	Amount of Each Disbursement this Period 59.50	
Candidate Name	Transaction ID : SB17.5017	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 12 / 02 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 1177.01	
Candidate Name	Transaction ID : SB17.5018	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	2319.74
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 12 / 13 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 1171.00	
Candidate Name	Transaction ID : SB17.5019	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 12 / 13 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL SERVICE	Amount of Each Disbursement this Period 59.50	
Candidate Name	Transaction ID : SB17.5020	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. ADP PAYROLL		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 12 / 20 / 2013
City ROSELAND	State NJ	Zip Code 97068
Purpose of Disbursement PAYROLL SERVICE	Amount of Each Disbursement this Period 59.50	
Candidate Name	Transaction ID : SB17.5021	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	1290.00
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 50 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 1489.05 Transaction ID : SB17.4850
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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) B. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 794.94 Transaction ID : SB17.4851
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 113.96 Transaction ID : SB17.4837
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/Type	
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).....	2397.96
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 85	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 999.99 Transaction ID : SB17.4867
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement PETTY CASH- JUSTIN BARTLETT	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) B. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 999.99 Transaction ID : SB17.4868
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement PETTY CASH- JUSTIN BARTLETT	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. JUSTIN BARTLETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 999.94 Transaction ID : SB17.4852
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement PAYROLL	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).....	999.94
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 265.81	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4853	
Purpose of Disbursement TELEPHONE SERVICE		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) B. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address PO BOX 660720			Amount of Each Disbursement this Period 265.81	
City DALLAS	State TX	Zip Code 75266	Transaction ID : SB17.4853.0	
Purpose of Disbursement TELEPHONE SERVICE		Category/ Type		
Candidate Name			[MEMO ITEM]	
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. JUSTIN BARTLETT			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 794.94	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4854	
Purpose of Disbursement PAYROLL		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).....	1060.75
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JUSTIN BARTLETT			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 974.54	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4855	
Purpose of Disbursement PAYROLL		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) B. JUSTIN BARTLETT			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 974.55	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4856	
Purpose of Disbursement PAYROLL		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. NANCY BOCSKOR			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013	
Mailing Address 3323 N WASHINGTON BLVD			Amount of Each Disbursement this Period 2798.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.5042	
Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL		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).....	4747.09
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 85	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 111 WEST RIO SALADO PKWY		Amount of Each Disbursement this Period 298.00
City TEMPE	State AZ Zip Code 85281	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB17.5042.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NANCY BOCSKOR		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 3323 N WASHINGTON BLVD		Amount of Each Disbursement this Period 2955.00
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL	Category/Type	Transaction ID : SB17.5043
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. HERTZ		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 6605 NW EXPRESSWAY STE A		Amount of Each Disbursement this Period 253.12
City OKLAHOMA CITY	State OK Zip Code 73132	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB17.5043.0
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2955.00
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 55 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. NANCY BOCSKOR			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013		
Mailing Address 3323 N WASHINGTON BLVD			Amount of Each Disbursement this Period 2500.00		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SB17.5044		
Purpose of Disbursement FUNDRAISING CONSULTING		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) B. DELL			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013		
Mailing Address 2300 WEST PLANO PKWY			Amount of Each Disbursement this Period 973.07		
City PLANO	State TX	Zip Code 75075	Transaction ID : SB17.4884		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. DELL			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013		
Mailing Address 2300 WEST PLANO PKWY			Amount of Each Disbursement this Period 324.34		
City PLANO	State TX	Zip Code 75075	Transaction ID : SB17.4885		
Purpose of Disbursement EQUIPMENT PURCHASE		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).....	3797.41
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. DELL		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 2300 WEST PLANO PKWY		Amount of Each Disbursement this Period 143.09 Transaction ID : SB17.4886
City PLANO State TX Zip Code 75075	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
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) B. DELL		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 2300 WEST PLANO PKWY		Amount of Each Disbursement this Period 1799.48 Transaction ID : SB17.4887
City PLANO State TX Zip Code 75075	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
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. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 524.43 Transaction ID : SB17.4858
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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).....	2467.00
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 57 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 192.40 Transaction ID : SB17.4859
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/ Type	
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) B. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.54 Transaction ID : SB17.4860
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/ Type	
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. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 300.40 Transaction ID : SB17.4861
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/ Type	
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).....	1467.34
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 58 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. NATHAN HOHNSTEIN			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 974.55	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4862	
Purpose of Disbursement PAYROLL		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) B. NATHAN HOHNSTEIN			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 974.54	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4863	
Purpose of Disbursement PAYROLL		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. NATHAN HOHNSTEIN			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address PO BOX 1142			Amount of Each Disbursement this Period 88.00	
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SB17.4864	
Purpose of Disbursement TRAVEL- MILEAGE		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).....	2037.09
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.55 Transaction ID : SB17.4865
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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) B. NATHAN HOHNSTEIN		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.54 Transaction ID : SB17.4866
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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. HY-VEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 5820 WESTOWN PKWY W		Amount of Each Disbursement this Period 15.94 Transaction ID : SB17.4903
City DES MOINES State IA Zip Code 50266	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	
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).....	1965.03
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. IOWA SECRETARY OF STATE			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 321 E 12TH ST			Amount of Each Disbursement this Period 246.00
City DES MOINES	State IA	Zip Code 50319	
Purpose of Disbursement LIST PURCHASE		Category/ Type	Transaction ID : SB17.4910
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) B. NAB INVESTMENTS LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 4632 WHISPERING PINES CIR			Amount of Each Disbursement this Period 3282.54
City CEDAR FALLS	State IA	Zip Code 50613	
Purpose of Disbursement RENT		Category/ Type	Transaction ID : SB17.4912
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. NEWEGG			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 16839 GALE AVE			Amount of Each Disbursement this Period 248.14
City CITY OF INDUSTRY	State CA	Zip Code 91745	
Purpose of Disbursement EQUIPMENT PURCHASE		Category/ Type	Transaction ID : SB17.4914
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).....	3776.68
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 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF IOWA		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 621 E 9TH ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5008
City DES MOINES	State IA	
Zip Code 50309	Purpose of Disbursement REGISTRATION FEE	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) B. WALT ROGERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 243.65 Transaction ID : SB17.4836
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	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. WALT ROGERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 280.25 Transaction ID : SB17.4838
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	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).....	1023.90
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 62 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. WALT ROGERS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 823.25 Transaction ID : SB17.4839
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/ Type	
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) B. SDG SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 4511 RANCHERO RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4922
City CEDAR FALLS State IA Zip Code 50613	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 30.26 Transaction ID : SB17.5027
City FRAMINGHAM State MA Zip Code 91702	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/ Type	
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).....	1853.51
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 63 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 96.94	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5028	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 87.61	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5029	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 175.88	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5030	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	360.43
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 64 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 211.47
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Zip Code 91702	
Candidate Name	Category/ Type	
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) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 24.37
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Zip Code 91702	
Candidate Name	Category/ Type	
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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 160.39
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES	Zip Code 91702	
Candidate Name	Category/ Type	
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).....	396.23
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 65 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 149.07	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5034	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 13.38	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5035	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013	
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 94.76	
City FRAMINGHAM	State MA	Zip Code 91702	Transaction ID : SB17.5036	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	257.21
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 66 OF 85	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial)
A. STAPLES

Mailing Address 500 STAPLES DR

City FRAMINGHAM State MA Zip Code 91702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 16 / 2013

Amount of Each Disbursement this Period: 54.00

Transaction ID : SB17.5037

Full Name (Last, First, Middle Initial)
B. TRAILBLAZER CAMPAIGN SERVICES

Mailing Address 620 MENDELSSOHN AVE N #186

City GOLDEN VALLEY State MN Zip Code 55427

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
10 / 21 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.4936

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

Mailing Address 111 WEST RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
11 / 21 / 2013

Amount of Each Disbursement this Period: 378.80

Transaction ID : SB17.4938

SUBTOTAL of Disbursements This Page (optional)..... 3432.80

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 111 WEST RIO SALADO PKWY		Amount of Each Disbursement this Period 378.80
City TEMPE State AZ Zip Code 85281	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
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)		Transaction ID : SB17.4939
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 221 W 6TH ST		Amount of Each Disbursement this Period 461.75
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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)		Transaction ID : SB17.4942
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 221 W 6TH ST		Amount of Each Disbursement this Period 5.60
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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)		Transaction ID : SB17.4943
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	846.15
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 68 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 10 / 31 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 41.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4944

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 10 / 31 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 14.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4945

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 08 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 512.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.4946

SUBTOTAL of Disbursements This Page (optional).....	567.68
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 69 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 12 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 5.60
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 13 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 416.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 15 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 920.66
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1342.66
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 70 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 15 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 1.12
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 15 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 200.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 18 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period 330.00
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	531.12
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 71 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 11 / 29 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 1.00	
Candidate Name	Transaction ID : SB17.4953	
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 12 / 03 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 3.12	
Candidate Name	Transaction ID : SB17.4954	
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 221 W 6TH ST		M M / D D / Y Y Y Y 12 / 04 / 2013
City CEDAR FALLS	State IA	Zip Code 50613
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 304.00	
Candidate Name	Transaction ID : SB17.4955	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	308.12
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 72 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 221 W 6TH ST		Amount of Each Disbursement this Period 508.00
City CEDAR FALLS	State IA Zip Code 50613	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.4956
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) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 221 W 6TH ST		Amount of Each Disbursement this Period 224.00
City CEDAR FALLS	State IA Zip Code 50613	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.4957
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 221 W 6TH ST		Amount of Each Disbursement this Period 80.28
City CEDAR FALLS	State IA Zip Code 50613	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.4958
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).....	812.28
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 73 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 143.45 Transaction ID : SB17.4966
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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) B. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83 Transaction ID : SB17.4967
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.4968
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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).....	148.48
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 74 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 3.66 Transaction ID : SB17.4969
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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) B. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83 Transaction ID : SB17.4970
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83 Transaction ID : SB17.4971
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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).....	7.32
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 75 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 11 / 04 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period 5.03
Candidate Name	Category/Type	Transaction ID : SB17.4972
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) B. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 11 / 05 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period 7.33
Candidate Name	Category/Type	Transaction ID : SB17.4973
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. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 11 / 06 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period 4.95
Candidate Name	Category/Type	Transaction ID : SB17.4974
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).....	17.31
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 76 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 6.40
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 14.20
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 14.50
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	35.10
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 77 OF 85	
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 7.33
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.4978
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) B. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 11.45
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.4979
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. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.14
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.4980
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).....	19.92
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 78 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.83 Transaction ID : SB17.4981
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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) B. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.4982
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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. VANCO SERVICES INVOICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 12600 WHITEWATER DR STE 200		Amount of Each Disbursement this Period 14.34 Transaction ID : SB17.4983
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type	
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).....	17.17
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 79 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 16 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name		11.50
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)	Transaction ID : SB17.4984
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 16 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name		7.78
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)	Transaction ID : SB17.4985
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 17 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name		19.43
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)	Transaction ID : SB17.4986
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	38.71
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 80 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial)
A. VANCO SERVICES INVOICE

Mailing Address 12600 WHITEWATER DR STE 200

City MINNETONKA State MN Zip Code 55343

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

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

Amount of Each Disbursement this Period
16.03

Transaction ID : SB17.4987

Full Name (Last, First, Middle Initial)
B. VANCO SERVICES INVOICE

Mailing Address 12600 WHITEWATER DR STE 200

City MINNETONKA State MN Zip Code 55343

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 19 / 2013

Amount of Each Disbursement this Period
7.78

Transaction ID : SB17.4988

Full Name (Last, First, Middle Initial)
C. VANCO SERVICES INVOICE

Mailing Address 12600 WHITEWATER DR STE 200

City MINNETONKA State MN Zip Code 55343

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 20 / 2013

Amount of Each Disbursement this Period
5.71

Transaction ID : SB17.4989

SUBTOTAL of Disbursements This Page (optional)..... 29.52

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 81 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 24 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name	Category/Type	89.32
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)	Transaction ID : SB17.4990
State: District:		

Full Name (Last, First, Middle Initial) B. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 26 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name	Category/Type	5.95
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)	Transaction ID : SB17.4991
State: District:		

Full Name (Last, First, Middle Initial) C. VANCO SERVICES INVOICE		Date of Disbursement
Mailing Address 12600 WHITEWATER DR STE 200		M M / D D / Y Y Y Y 12 / 31 / 2013
City MINNETONKA State MN Zip Code 55343	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Amount of Each Disbursement this Period
Candidate Name	Category/Type	53.67
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)	Transaction ID : SB17.4992
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	89.32
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 82 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 95 HAYDEN AVENUE		Amount of Each Disbursement this Period 85.43
City LEXINGTON State MA Zip Code 92421	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.5040
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) B. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.54
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.4841
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. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 90.60
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.4842
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).....	1150.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.55 Transaction ID : SB17.4843
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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) B. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 49.51 Transaction ID : SB17.4844
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PENS/PAPER/INK	
Candidate Name	Category/Type	
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. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.54 Transaction ID : SB17.4845
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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).....	1998.60
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 84 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.55 Transaction ID : SB17.4846
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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) B. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 56.00 Transaction ID : SB17.4847
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/Type	
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. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.54 Transaction ID : SB17.4848
City CEDAR FALLS State IA Zip Code 50613	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
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).....	2005.09
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 85 OF 85			
	<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)
WALT ROGERS FOR IOWA

Full Name (Last, First, Middle Initial) A. JOSH WILSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 974.55 Transaction ID : SB17.4849
City CEDAR FALLS	State IA Zip Code 50613	
Purpose of Disbursement PAYROLL	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) B. WOOLVERTON		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 6714 CHANCELLOR DR		Amount of Each Disbursement this Period 1217.66 Transaction ID : SB17.5004
City CEDAR FALLS	State IA Zip Code 50613	
Purpose of Disbursement PRINTING	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).....	2192.21
TOTAL This Period (last page this line number only).....	54376.29