

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

IOWANS FOR LATHAM

ADDRESS (number and street)

499 South Capitol Street, SW

Suite 507

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER

C C00287045

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

IA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

2016

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 Timothy Paul Hecht

Signature of Treasurer Timothy Paul Hecht

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

13

2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
IOWANS FOR LATHAM

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="0.00"/>	<input type="text" value="5200.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="3200.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="367.11"/>	<input type="text" value="19100.99"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="8376.65"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="367.11"/>	<input type="text" value="10724.34"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="408528.73"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

IOWANS FOR LATHAM

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5200.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	5200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	8376.65
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	11.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	13588.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	367.11	19100.99
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	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	-2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3200.00
21. OTHER DISBURSEMENTS	5500.00	39500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5867.11	61800.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	414395.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	414395.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5867.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	408528.73

**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 5 OF 7	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 981540		Amount of Each Disbursement this Period 243.06
City EL PASO	State TX Zip Code 79998	
Purpose of Disbursement Mobile phone expense	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5057
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 119.05
City ELGIN	State IL Zip Code 60123	
Purpose of Disbursement Mobile Phone Expense	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5055
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	362.11
TOTAL This Period (last page this line number only).....	362.11

**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 6 OF 7
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. CHARLES BOUSTANY JR MD FOR SENATE INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address PO BOX 80126		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.5105
City LAFAJETTE	State LA Zip Code 70598	
Purpose of Disbursement contribution	011 Category/Type	
Candidate Name CHARLES BOUSTANY JR MD FOR SENATE INC		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA District: 00		

Full Name (Last, First, Middle Initial) B. DAVID ROUZER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address PO BOX 2267		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.5067
City SMITHFIELD	State NC Zip Code 27577	
Purpose of Disbursement contribution	011 Category/Type	
Candidate Name DAVID ROUZER FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) C. GEORGE HOLDING FOR CONGRESS INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address PO BOX 97187		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.5064
City RALEIGH	State NC Zip Code 27624	
Purpose of Disbursement contribution	011 Category/Type	
Candidate Name GEORGE HOLDING FOR CONGRESS INC.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 7 OF 7			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial) A. JOHN CARTER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 1717 NORTH IH-35 SUITE 304		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City ROUND ROCK State TX Zip Code 78664	Purpose of Disbursement contribution 011 Category/Type	
Candidate Name JOHN CARTER FOR CONGRESS		Transaction ID : SB21.5070
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SIMPSON FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 1487 PARKWAY DRIVE		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City BLACKFOOT State ID Zip Code 83221	Purpose of Disbursement contribution 011 Category/Type	
Candidate Name SIMPSON FOR CONGRESS		Transaction ID : SB21.5061
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 <input type="checkbox"/> Memo Item
City State Zip Code	Purpose of Disbursement contribution Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	5500.00