

**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) <b>A. JOHN CARTER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2016</b>
Mailing Address <b>1717 NORTH IH-35 SUITE 304</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>ROUND ROCK</b> State <b>TX</b> Zip Code <b>78664</b>	Purpose of Disbursement contribution <b>011</b>	<input type="checkbox"/> Memo Item
Candidate Name <b>JOHN CARTER FOR CONGRESS</b>		Transaction ID : <b>SB21.5070</b>
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: <b>TX</b> District: <b>31</b>		

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement contribution	<input type="checkbox"/> Memo Item
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:		

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