FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation

The Family Leader

(b) Address (number and street) ☐ check if different than previously reported

PO Box 42245

(c) City, State and ZIP Code

Urbandale IA 50322

2. Occupation and Name of Employer (for Individual Filers Only)

3. FEC Identification Number

C C90023839

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☒ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on M M / D D / Y Y Y Y

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y

THROUGH M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 19605.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Hurley, Chuck, , ,	*Hurley, Chuck, , ,* *[Electronically Filed]*	11/01/2026

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

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

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

The Family Leader

Full Name (Last, First, Middle Initial) of Payee
Campaign HQ

Mailing Address 109 W Front St

City | State | Zip Code
Brooklyn | IA | 52211

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y
10 / 31 / 2026

Amount
19605.07

Transaction ID : F57.4122

Purpose of Expenditure
Phone banking

Category/ Type: 004

Name of Federal Candidate Supported or Opposed by Expenditure:
NUNN, ZACH, , ,

Office Sought: [X] House [ ] Senate [ ] President
State: IA
District: 03

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 65466.84

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City | State | Zip Code

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President
State:
District:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City | State | Zip Code

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President
State:
District:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 19605.07

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 19605.07
(carry total from last page forward to Line 7)