

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **12-31**, 20 **10** and ending **6-30**, 20 **11**

B Check applicable boxes. Initial report Change of address Amended report Final report

1 Name of organization **FUND FOR A STRONGER IOWA** **Employer identification number** **26:1738135**

2 Mailing address (P O Box or number, street, and room or suite number)
1517 S LEMON ST

City or town, state, and ZIP code
SIOUX CITY IOWA 51106

3 E-mail address of organization **NO EMAIL ADDRESS** **4** Date organization was formed **01-11-2008**

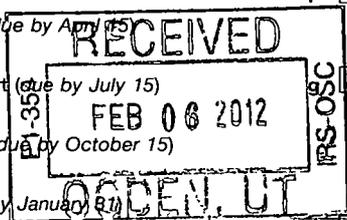
5a Name of custodian of records **FRED CHADWICK** **5b** Custodian's address **1517 S LEMON ST**
SIOUX CITY IOWA 51106

6a Name of contact person **SAME** **6b** Contact person's address

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
 City or town, state, and ZIP code

8 Type of report (check only one box)

- a** First quarterly report (due by April 15)
- b** Second quarterly report (due by July 15)
- c** Third quarterly report (due by October 15)
- d** Year-end report (due by January 31)
- e** Mid-year report (Non-election year only-due by July 31)
- f** Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g** Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election _____
 - (2) Date of election _____
 - (3) For the state of _____
- h** Post-general election report (due by the 30th day after general election)
 - (1) Date of election _____
 - (2) For the state of _____



9 Total amount of reported contributions (total from all attached Schedules A) **9**

10 Total amount of reported expenditures (total from all attached Schedules B) **10**

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

FRED CHADWICK Signature of authorized official **2-1-12** Date

SCANNED FEB 13 2012

Schedule A Itemized Contributions	Schedule A page of
Name of organization	Employer identification number

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures		Schedule B page of
Name of organization FUND FOR A STRONGER IOWA		Employer identification number 26 1738135
Recipient's name, mailing address and ZIP code R E SCOTT CO 916 GRANDVIEW BLVD SIOUX CITY IOWA 51101	Name of recipient's employer	Amount of expenditure \$ 70
	Recipient's occupation ACCOUNTANT	Date of expenditure 03-28-2011
Purpose of expenditure ACCOUNTING		
Name of organization R E SCOTT CO 916 GRANDVIEW BLVD SIOUX CITY, IOWA 51001		Employer identification number 26 1738135
Recipient's name, mailing address and ZIP code R E SCOTT CO 916 GRANDVIEW BLVD SIOUX CITY, IOWA 51001	Name of recipient's employer	Amount of expenditure \$ 70.00
	Recipient's occupation ACCOUNTANT	Date of expenditure 06-30-2011
Purpose of expenditure ACCOUNTING		
Name of organization MORNINGSIDE COLLEGE 1501 MORNINGSIDE AVE SIOUX CITY, IOWA 51106 Insulated		Employer identification number 26 1738135
Recipient's name, mailing address and ZIP code MORNINGSIDE COLLEGE 1501 MORNINGSIDE AVE SIOUX CITY, IOWA 51106 Insulated	Name of recipient's employer	Amount of expenditure \$ 3363.04
	Recipient's occupation	Date of expenditure 6-30-2011
Purpose of expenditure DONATION TO CLOSE OUT ACCOUNT		
Name of organization		Employer identification number
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Name of organization		Employer identification number
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Name of organization		Employer identification number
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$

