Only

06/15/2015 18:54

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Young for lowa, Inc. PO Box 162 ADDRESS (number and street) (Check if address is changed) Van Meter 50261-0162 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jamescarstensen@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2015 C00545616 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Keith Wilhite Type or Print Name of Treasurer Keith Wilhite [Electronically Filed] 06 15 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	_
(a)	aldate	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Н	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet	e the candidate
		information below.)	e the candidate
Name Candi	-	David Young	
Candi		tion REP Sought: X House Senate President	State
Party	Affiliati	tion REP Sought: X House Senate President	District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	mmittee:	
(d)		(National, State	mocratic, publican, etc.) Party.
Polit	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revi	sed 02/2009)	 Page 3
Write or Type Committee N		
Young for lov	va, Inc.	
<u>_</u>	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
<u> </u>		<u> </u>
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
	Wilhite	
Full Name	Post Office Box 162	
Mailing Address		
	Van Meter IA 50	0261-0162
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 326 _ 5080
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and to.g., assistant treasurer).	the name and address of
Full Name Keith of Treasurer	Wilhite	
Mailing Address	Post Office Box 162	
	Van Meter	261-0162
Title or Position Treasurer	CITY STATE 515	ZIP CODE
	Telephone number	

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address		1 1 1 1 1 1	
		1 1 1	1_1
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
safety deposit boxes or Name of Bank, Deposit			
Name of Bank, Deposit	maintains funds. ory, etc.		1 1 1 1 1 1 1 1 1
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank		
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street		
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank	NC	27150
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street		27150 ZIP CODE
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank 475 Mill Street	NC NC STATE	
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit Ear	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank	NC NC STATE	
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit Ear	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank 475 Mill Street	NC NC STATE	