

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.
YOUNG FOR IOWA, INC.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 / 27 / 2018 through 12 / 31 / 2018

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 ASHLEY, LISA, , ,
Signature of Treasurer ASHLEY, LISA, , , [Electronically Filed] Date 01 / 31 / 2019

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
YOUNG FOR IOWA, INC.

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))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	8300.00	9300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 8300.00	- 9300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32192.52	66558.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	54.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32192.52	66504.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12799.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	197500.00	

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 05/2016)

Write or Type Committee Name

YOUNG FOR IOWA, INC.

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	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(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	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	10898.58	10898.58
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	54.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10898.58	10952.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32192.52	66558.67
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	2800.00	3800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5500.00	5500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	8300.00	9300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40492.52	75858.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42393.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10898.58
25. SUBTOTAL (add Line 23 and Line 24).....	53292.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40492.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12799.70

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 24
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
RAYDER, LAURA, , ,

Mailing Address 9106 CHICKAWANE CT

City ALEXANDRIA State VA Zip Code 22309-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2018

Transaction ID : **A2C32438955AE42BE94A**

Amount of Each Receipt this Period
300.00

Memo Item
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
RAYDER, MARK, , ,

Mailing Address 9106 CHICKAWANE CT

City ALEXANDRIA State VA Zip Code 22309-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer ALSTON AND BIRD, LLP Occupation SENIOR POLICY ADVISOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
- 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2018

Transaction ID : **A68D92D5C26744E688F8**

Amount of Each Receipt this Period
- 300.00

Memo Item
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
RAYDER, MARK, , ,

Mailing Address 9106 CHICKAWANE CT

City ALEXANDRIA State VA Zip Code 22309-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer ALSTON AND BIRD, LLP Occupation SENIOR POLICY ADVISOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : **A9AF6E3A44CDD47C6B12**

Amount of Each Receipt this Period
2000.00

Memo Item
AS PREVIOUSLY REPORTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
BERNSTEIN, JULIE, , ,

Mailing Address 100 E HURON ST
APT 4002

City CHICAGO State IL Zip Code 60611-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2018

Transaction ID : **A16126A3877184854852**

Amount of Each Receipt this Period
2700.00

Memo Item
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
BERNSTEIN, LAWRENCE, , ,

Mailing Address 100 E HURON ST
APT 4002

City CHICAGO State IL Zip Code 60611-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation TRADER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
- 2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2018

Transaction ID : **AA6B4C075C61D4B2BB67**

Amount of Each Receipt this Period
- 2700.00

Memo Item
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
BERNSTEIN, LAWRENCE, , ,

Mailing Address 100 E HURON ST
APT 4002

City CHICAGO State IL Zip Code 60611-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation TRADER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : **ADBB737E3139D4796B38**

Amount of Each Receipt this Period
5400.00

Memo Item
AS PREVIOUSLY REPORTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 24	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
ANNETT, DEBORAH, , MRS.,

Mailing Address 5525 SW 63RD ST

City DES MOINES	State IA	Zip Code 50321-9608
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2018

Transaction ID : **ADCC7E7B08EFE49359D4**

Amount of Each Receipt this Period
2300.00

Memo Item
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
ANNETT, HARROLD, W, ,

Mailing Address 5525 SW 63RD ST

City DES MOINES	State IA	Zip Code 50321-9608
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANNETT HOLDING	Occupation EXECUTIVE
------------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
- 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2018

Transaction ID : **AEC773CCEBA824387AF7**

Amount of Each Receipt this Period
- 2300.00

Memo Item
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
ANNETT, HARROLD, W, ,

Mailing Address 5525 SW 63RD ST

City DES MOINES	State IA	Zip Code 50321-9608
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANNETT HOLDING	Occupation EXECUTIVE
------------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 23 / 2018

Transaction ID : **AAF19B569338B4DA2888**

Amount of Each Receipt this Period
5000.00

Memo Item
AS PREVIOUSLY REPORTED

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
YOUNG VICTORY COMMITTEE

Mailing Address PO BOX 105

City VAN METER State IA Zip Code 50261

FEC ID number of contributing federal political committee. **C** C00683987

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 135.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2018

Transaction ID : **ADDAF6EECD38243C58C1**

Amount of Each Receipt this Period
 _____ 135.67

Memo Item
 TRANSFER OF NET JFC FUNDS

B. Full Name (Last, First, Middle Initial)
LATHAM, KATHY, , ,

Mailing Address 14198 PINNACLE POINTE DR

City CLIVE State IA Zip Code 50325-8370

FEC ID number of contributing federal political committee. **C** _____

Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : **A4B18885D799E49FEA3E**

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WILHITE, KEITH, JAMES, MR.,

Mailing Address 815 SE PLUMWOOD LN

City WAUKEE State IA Zip Code 50263-8182

FEC ID number of contributing federal political committee. **C** _____

Name of Employer Occupation
 SELF-EMPLOYED SALES

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : **A17CF78F402614F73BDD**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 135.67

TOTAL This Period (last page this line number only)..... ▶ _____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
WOOD, ROSALIE, L, ,

Mailing Address 121 S 32ND ST

City WEST DES MOINES State IA Zip Code 50265-6410

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date .00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2018

Transaction ID : **A7675A1A3E502491A881**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TEKOLSTE, ROBERT, R., ,

Mailing Address 3650 GRAND AVE

City WEST DES MOINES State IA Zip Code 50265-5734

FEC ID number of contributing federal political committee. **C**

Name of Employer SAMMONS INDEPENDENT ANNUITY GROUP Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date .00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : **A7E4921D56C1848D893F**

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KOEHN, THOMAS, K, MR.,

Mailing Address 3131 FLEUR DR

City DES MOINES State IA Zip Code 50321-1755

FEC ID number of contributing federal political committee. **C**

Name of Employer WALDINGER CORP Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date .00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 30 / 2018

Transaction ID : **A52453F74E381472EAB7**

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
DAVID YOUNG VICTORY FUND

Mailing Address PO BOX 225

City VAN METER State IA Zip Code 50261

FEC ID number of contributing federal political committee. **C** C00581991

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10762.91

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2018

Transaction ID : **AA07F6F70C4C94DA8A06**

Amount of Each Receipt this Period
10762.91

Memo Item
TRANSFER OF NET JFC FUNDS

B. Full Name (Last, First, Middle Initial)
HANAFAN, THOMAS, P., ,

Mailing Address 104 NORWOOD DR

City COUNCIL BLUFFS State IA Zip Code 51503-8400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2018

Transaction ID : **AD499AD4F94F444D5952**

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PETERS, SHARON, K., ,

Mailing Address 15122 SUMMIT DR

City CLIVE State IA Zip Code 50325-7819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2018

Transaction ID : **AB64A77BB60A9412EBDA**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 10762.91

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
GERLICH, KAREN, A., ,

Mailing Address 4903 LONNA DR

City PANORA	State IA	Zip Code 50216-8621
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2018

Transaction ID : A8ACA54D0C1004766B7A

Amount of Each Receipt this Period
 _____ , _____ , _____ .00

Memo Item

B. Full Name (Last, First, Middle Initial)
KRAFT, KIRK, , ,

Mailing Address PO BOX 106

City CLEAR LAKE	State IA	Zip Code 50428-0106
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : A691F3FF4EB6148478FF

Amount of Each Receipt this Period
 _____ , _____ , _____ .00

Memo Item

C. Full Name (Last, First, Middle Initial)
THOMASEE, STEPHAN, , ,

Mailing Address 5913 NW 92ND CT

City JOHNSTON	State IA	Zip Code 50131-2282
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2018

Transaction ID : A6BB358E491204C43B03

Amount of Each Receipt this Period
 _____ , _____ , _____ .00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ , _____ , _____ .00
TOTAL This Period (last page this line number only)..... ▶	_____ , _____ , _____ .00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
VANFOSSON, JOHN, R., ,

Mailing Address 2521 255TH ST

City CLARINDA	State IA	Zip Code 51632-4530
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 .00

Date of Receipt
 / /

Transaction ID : AA1CA8D88B5694FCE8D6

Amount of Each Receipt this Period
 , ,

Memo Item

B. Full Name (Last, First, Middle Initial)
KELLEY, SUSAN, B., ,

Mailing Address 14 GLENVIEW DR

City DES MOINES	State IA	Zip Code 50312-2546
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 .00

Date of Receipt
 / /

Transaction ID : AEDA55B06E1EE48B28CA

Amount of Each Receipt this Period
 , ,

Memo Item

C. Full Name (Last, First, Middle Initial)
FRAMPTON, SUSAN, K., ,

Mailing Address 2041 NW 130TH CT

City CLIVE	State IA	Zip Code 50325-7504
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 .00

Date of Receipt
 / /

Transaction ID : ADB0831C9E4AE41AFA2B

Amount of Each Receipt this Period
 , ,

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

, ,

, ,

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
POLSTER, DAVID, , ,
 Mailing Address 9135 KEYSTONE AVE
 City SKOKIE State IL Zip Code 60076-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SKADDEN ARPS Occupation ATTORNEY
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : A845B30702EE44A2ABFA
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
GROSS, REX, A., ,
 Mailing Address 12270 NW 146TH AVE
 City MADRID State IA Zip Code 50156-7506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHEMORSE Occupation SALES
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2018
Transaction ID : A5A71FE11138341C4A57
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
RANDLEMAN, RUTH, A., ,
 Mailing Address 15797 CARTER ST
 City CARLISLE State IA Zip Code 50047-3194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARLISLE, IA Occupation MAYOR
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2018
Transaction ID : A8EA2D981764744EEB83
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
OXER, STUART, SCOTT, ,

Mailing Address 12792 LINCOLN CIR

City CLIVE State IA Zip Code 50325-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer JEWISH FED OF GREATER DES MOINES Occupation EXECUTIVE DIRECTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : AED430A15823F419CB14

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RICHARDS, MICHAEL, J., DR.,

Mailing Address 5465 MILLS CIVIC PKWY
STE 400

City WEST DES MOINES State IA Zip Code 50266-5321

FEC ID number of contributing federal political committee. **C**

Name of Employer RICHARDS CONSULTING GROUP Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : A5DD16A6CC7AE437089F

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HENSTORF, KURT, R., ,

Mailing Address 110 UNIVERSITY AVE

City SHENANDOAH State IA Zip Code 51601-1919

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST HERITAGE BANK Occupation CHAIRMAN/PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2018

Transaction ID : AA65F3BA86EBE473FB3B

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 0.00

TOTAL This Period (last page this line number only)..... ▶ _____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
DOOLEY, JENNIE, J., MRS.,

Mailing Address 1533 S SKY RIDGE DR

City WEST DES MOINES	State IA	Zip Code 50266-3801
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WELLS FARGO	Occupation ACCOUNTANT
---------------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2018

Transaction ID : A9F567E001EEC4CE380D

Amount of Each Receipt this Period
 _____ 200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KELLEY, BRUCE, G., MR.,

Mailing Address 14 GLENVIEW DR

City DES MOINES	State IA	Zip Code 50312-2546
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EMC INSURANCE	Occupation EXECUTIVE
-----------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2018

Transaction ID : AD9D8902190E94D83B64

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ROLOW, JACKIE, B., MS.,

Mailing Address 7072 NW 21ST ST

City ANKENY	State IA	Zip Code 50023-9645
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SHAZAM	Occupation HUMAN RESOURCES
----------------------------	-------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ .00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2018

Transaction ID : A7D22BDEED10B45C5845

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 0.00
TOTAL This Period (last page this line number only)..... ▶	_____ 10898.58

**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 16 OF 24			
	<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)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. ARISTOTLE INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2018		
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 2400.00		
Purpose of Disbursement SOFTWARE		Category/Type	Transaction ID : B4A795EEB872446D39BF		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

Full Name (Last, First, Middle Initial) B. COX BUSINESS			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018		
Mailing Address PO BOX 2742			FEC Identification Number C		
City OMAHA	State NE	Zip Code 68103-2742	Amount of Each Disbursement this Period 210.69		
Purpose of Disbursement INTERNET		Category/Type	Transaction ID : B2847E2D8778C452193A		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

Full Name (Last, First, Middle Initial) C. CASCADE STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018		
Mailing Address 6323 TIMARRON COVE LN			FEC Identification Number C		
City BURKE	State VA	Zip Code 22015-4075	Amount of Each Disbursement this Period 8500.00		
Purpose of Disbursement RESEARCH CONSULTING		Category/Type	Transaction ID : B35FD1526FF5147F5A2D		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	11110.69
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 17 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018	
Mailing Address PO BOX 619616			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75261-9616	Amount of Each Disbursement this Period 876.60	
Purpose of Disbursement AIRFARE		Category/Type	Transaction ID : B8693A7572400494BA12	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018	
Mailing Address PO BOX 619616			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75261-9616	Amount of Each Disbursement this Period 133.31	
Purpose of Disbursement AIRFARE		Category/Type	Transaction ID : B1824C33F5D964F8D86A	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018	
Mailing Address 1200 TRINITY DR			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-4724	Amount of Each Disbursement this Period 12083.48	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : B57B94F70D1904AADA44	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	13093.39
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 18 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. RED ROCK STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018		
Mailing Address 9500 W FLAMINGO RD STE 203			FEC Identification Number C		
City LAS VEGAS	State NV	Zip Code 89147-5721	Amount of Each Disbursement this Period 9081.28		
Purpose of Disbursement E-MARKETING		Category/ Type	Transaction ID : B58C867A5B4D04EFA972		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) B. GARDNER, JENNEFER, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2018		
Mailing Address 1200 TRINITY DR			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314-4724	Amount of Each Disbursement this Period - 1040.00		
Purpose of Disbursement VOID OF PREVIOUS--EXPENSE NOT INCURRED		Category/ Type	Transaction ID : B084BC94D57CD417BB43		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) C. MULLANY, BENJAMIN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2018		
Mailing Address 611 LAKESIDE DR			FEC Identification Number C		
City LINCOLN	State NE	Zip Code 68528-1792	Amount of Each Disbursement this Period - 153.45		
Purpose of Disbursement VOID OF PREVIOUS--EXPENSE NOT INCURRED		Category/ Type	Transaction ID : B13A6EAA36C8B4DBBB94		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	7887.83
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 19 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. BOGART ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2018	
Mailing Address 1200 TRINITY DR			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-4724	Amount of Each Disbursement this Period 50.60	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : B05375F8D63784451A8C	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	50.60
TOTAL This Period (last page this line number only).....▶	32142.51

**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 20 OF 24			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. SMITH, JOHN, M, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2018		
Mailing Address 315 ROSEDALE RD					
City CEDAR RAPIDS	State IA	Zip Code 52403-7064	FEC Identification Number C		
Purpose of Disbursement REFUND			Amount of Each Disbursement this Period 2300.00		
Candidate Name		Category/Type	Transaction ID : BC80D0151D5474C10A63		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. KATZ & STEFANI, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2018		
Mailing Address 222 N LA SALLE ST STE 2150					
City CHICAGO	State IL	Zip Code 60601-1103	FEC Identification Number C		
Purpose of Disbursement REFUND			Amount of Each Disbursement this Period 500.00		
Candidate Name		Category/Type	Transaction ID : B7B60B55EBBEB487AA47		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

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

SUBTOTAL of Disbursements This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	2800.00

**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 21 OF 24	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF BROADCASTERS PAC		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2018
Mailing Address 1771 N STREET NW		FEC Identification Number C C00009985
City WASHINGTON	State DC	Zip Code 20036-2800
Purpose of Disbursement REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name NATIONAL ASSOCIATION OF BROADCASTERS PAC		Transaction ID : BF345566E95594E44A1C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE HAWKEYE PAC		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2018
Mailing Address PO BOX 192		FEC Identification Number C C00379479
City DES MOINES	State IA	Zip Code 50301-0192
Purpose of Disbursement REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name THE HAWKEYE PAC		Transaction ID : B7473E74F2B9E4AE8891
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **C7CF1240EA02945E3AB1**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123			
City VAN METER	State IA	ZIP Code 50261-0123	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	2500.00	97500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 24 / Y 2014 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	97500.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **CA6B1596F4D3D445D976**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123			
City VAN METER	State IA	ZIP Code 50261-0123	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
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TERMS	Date Incurred M 05 / D 29 / Y 2014 Y	Date Due M M / D D / Y NONE Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	75000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **CBF8172762E53416FBB8**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , , <input type="checkbox"/> Memo Item		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123		
City VAN METER	State IA	ZIP Code 50261-0123 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 ^M / D 16 ^D / Y 2014 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	197500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.