**FEC** 

Only

## STATEMENT OF

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**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 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS davidyoung@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2018 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. Ashley, Lisa, , , Type or Print Name of Treasurer Ashley, Lisa,,, [Electronically Filed] 09 2019 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

	FEC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE  e Committee:
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand	e of lidate	Young, David, , ,
	lidate Affiliati	ion REP Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Parl	ty Con	nmittee:  (National, State (Democratic,
(d)		This committee is a committee of the Republican, etc.) Pa
Poli	tical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	1	

FEC <b>Form 1</b> (Revised	d 02/2009)		Page <b>3</b>
Write or Type Committee Nar			
Young for lowa			
	l Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Lead	dership PAC Sponsor
-	PIRING SUCCESS & EMPOWERMEN		
TET OBLIGATION		1 1 103201 (11192	
	50 DOV 0495		
Mailing Address	PO BOX 2485		
	SPRINGFIELD	VA 2215	.2
	CITY	STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee X Joint Fund	Iraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	lentify by name, address (phone number optional) and	d position of the person in	possession of committee
Ashley,	Lisa, , ,		
Full Name	PO Box 162		
Mailing Address			
	Van Meter	, IA , 5026	 61
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Telephor	ne number 515	422 - 6988
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer, assistant treasurer).	of the committee; and the	e name and address of
Full Name Ashley, I of Treasurer	Lisa, , ,		
Mailing Address	PO Box 162		
	Van Meter	IA 5026	
Title or Position Treasurer	CITY Telephor	STATE  ne number 515 -	ZIP CODE  422 6988

1 20 1011	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		<u> </u>
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds ixes or maintains funds. Depository, etc.  Earlham Savings Bank	accounts, rents
Mailing Address	475 Mill Street	
. <sub>9</sub>	P.O. Box 185	
	Van Meter IA 50261-01	
		62
	CITY STATE 2	62 ZIP CODE
Name of Bank, [		
Name of Bank, I		
	Depository, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected PROTECT THE I	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
PROTECT THE I	1003E		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
<b>-</b>		STATE ▲	ZIP CODE ▲
	CITY ▲ d Organization	t Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connected Agent: Identification of the Connected Agent: I	d Organization Affiliated Committee Join  y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee Join  y by name, address (phone number – optional)  CITY		
Connected sesignated Agent: Identification of the Position of the Deposite of	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected sesignated Agent: Identification of the position of	Affiliated Committee  y Join  y by name, address (phone number – optional)  CITY  CITY  Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 105		
	VAN METER	IA I	50261
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint	t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Connecte  Connecte  Connecte		t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	y by name, address (phone number – optional)		
Connecte  Designated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Confert deposit boxes or main and the control of Bank, Depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Fargo	STATE A	ZIP CODE A