

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <b>YOUNG FOR IOWA, INC.</b>			
ADDRESS (number and street) PO BOX 162			
CITY VAN METER	STATE IA	ZIP CODE 50261-0162	
2. NAME OF CANDIDATE YOUNG, DAVID, , ,		3. OFFICE SOUGHT (State and District) House IA 03	
		4. FEC IDENTIFICATION NUMBER C00545616	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> CHRISTENSEN, MARY ANN, MARTIN, ,			
MAILING ADDRESS 23077 223RD AVE		Name of Employer INFORMATION REQUESTED	
CITY SLEEPY EYE	STATE MN	ZIP CODE 56085-4133	Date (month, day, year) 10/20/2018
		Amount 1000.00	
		Transaction ID : 61E1FD67DEEE14407	
Occupation INFORMATION REQUESTED			
<b>B. FULL NAME</b> BRAUER, STEPHEN, F., MR.,			
MAILING ADDRESS 11250 HUNTER DR		Name of Employer HUNTER ENGINEERING	
CITY BRIDGETON	STATE MO	ZIP CODE 63044-2306	Date (month, day, year) 10/20/2018
		Amount 2700.00	
		Transaction ID : 6221679821A284B9B	
Occupation CHAIRMAN			
<b>C. FULL NAME</b> YOUNG, JEFFREY, , ,			
MAILING ADDRESS 20078 205TH AVE		Name of Employer IOWA TRUST AND SAVINGS BANK	
CITY CENTERVILLE	STATE IA	ZIP CODE 52544-8939	Date (month, day, year) 10/20/2018
		Amount 1000.00	
		Transaction ID : 6D3C499BBD6DD41D	
Occupation BANKER			
<b>D. FULL NAME</b> GALINSKY, GARY, , ,			
MAILING ADDRESS 3501 ASPEN DR		Name of Employer INFORMATION REQUESTED	
CITY WEST DES MOINES	STATE IA	ZIP CODE 50265-3191	Date (month, day, year) 10/20/2018
		Amount 2000.00	
		Transaction ID : 6D5ADB00C10BA4C7	
Occupation INFORMATION REQUESTED			
<b>E. FULL NAME</b> GORRIE, M. MILLER, , ,			
MAILING ADDRESS 54 COUNTRY CLUB BLVD		Name of Employer BRASFIELD & GORRIE	
CITY MOUNTAIN BRK	STATE AL	ZIP CODE 35213-4228	Date (month, day, year) 10/20/2018
		Amount 1000.00	
		Transaction ID : 6E70EC0F649C64B16	
SIGNATURE (optional) ASHLEY, LISA, , ,		DATE 10/22/2018	
		[Electronically Filed]	
		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)

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ADDRESS (number and street) PO BOX 162			
CITY, STATE, and ZIP CODE VAN METER IA 50261-0162			
<b>2. NAME OF CANDIDATE</b> YOUNG, DAVID, , ,	<b>3. OFFICE SOUGHT</b> (State and District) House IA 03	<b>4. FEC IDENTIFICATION NUMBER</b> C00545616	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> PACEG COMMITTEE  666 GRAND AVE BOX 855 DES MOINES IA 50309-2506	Name of Employer  <b>Transaction ID : 6F5A3B57A9A7D4655A24</b> Occupation	Date (month, day, year) 10/20/2018	Amount 5000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> MAINTAINING ALL REPUBLICANS IN OFFICE PAC  8724 SUNSET DRIVE #421 MIAMI FL 33173	Name of Employer  <b>Transaction ID : 6592BE8A443B24782861</b> Occupation	Date (month, day, year) 10/20/2018	Amount 1700.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PO BOX 772  ARLINGTON VA 22216	Name of Employer  <b>Transaction ID : 64EE6497CDA6146FDBDI</b> Occupation	Date (month, day, year) 10/20/2018	Amount 5000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> THE HAWKEYE PAC  PO BOX 192  DES MOINES IA 50301-0192	Name of Employer  <b>Transaction ID : 60667473FD7374C7C94D</b> Occupation	Date (month, day, year) 10/20/2018	Amount 5000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 9312 OLD GEORGETOWN ROAD  BETHESDA MD 20814	Name of Employer  <b>Transaction ID : 648CDB0F1E2B6404DBDI</b> Occupation	Date (month, day, year) 10/20/2018	Amount 2000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> LIVESTOCK MARKETING ASSOCIATION POLITICAL ACTION COMMITTEE (LMA-PAC) 10510 NW AMBASSADOR DRIVE  KANSAS CITY MO 64153	Name of Employer  <b>Transaction ID : 6C4230004C4B84D3EB58</b> Occupation	Date (month, day, year) 10/20/2018	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> HUCK PAC PO BOX 2008  LITTLE ROCK AR 72203	Name of Employer  <b>Transaction ID : 65834EFB674F24B3F8EB</b> Occupation	Date (month, day, year) 10/20/2018	Amount 5000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> EMMER FOR CONGRESS PO BOX 998  ANOKA MN 55303	Name of Employer  <b>Transaction ID : 6D27431E41EB142F493F</b> Occupation	Date (month, day, year) 10/20/2018	Amount 2000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> BRAUER, CAMILLA, T., MRS., 11250 HUNTER DR  BRIDGETON MO 63044-2306	Name of Employer NONE  <b>Transaction ID : 60074C4480D2E4C618B4</b> Occupation HOMEMAKER	Date (month, day, year) 10/20/2018	Amount 2700.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> ZAGORIN, GREGORY, , , 901 18TH STREET SOUTH  ARLINGTON VA 22202-2603	Name of Employer NONE  <b>Transaction ID : 64D23DFFBAA97498593C</b> Occupation RETIRED	Date (month, day, year) 10/21/2018	Amount 1000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> MCCARTHY, LAWRENCE, , ,  5715 ABERDEEN ROAD  BETHESDA MD 20814-1118	Name of Employer MCCARTHY HENNINGS WHALEN  <b>Transaction ID : 65265AD229EF049AC996</b> Occupation MEDIA CONSULTANT	Date (month, day, year) 10/21/2018	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount