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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 YOUNG FOR IOWA, INC. | | | | | |] | | |
|---|--------------------------------------|------------|--|----------------------------|------------------------|--|---------|--|
| ADDRESS (number and street) PO | BOX 162 | | | | | | | |
| CITY STATE VAN METER IA | | | ZIP CODE 50261-0162 | | | | | |
| 2. NAME OF CANDIDATE | | | 3. OFFICE SOUGHT (State and District) | | | 4. FEC IDENTIFICATION NUMBER | | |
| YOUNG, DAVID, , , | House IA 03 | | | C00545616 | | | | |
| 5. IS THIS AN AMENDMENT? | NO, THIS IS A NEW I | FILING | YES, IT AMEN | DS THE | NOTICE FILED ON | // | 1 | |
| A. FULL NAME GAMBLE, KATHRY | Name of Employer LINCOLN PARK ZOO | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS 459 WEST BELDEN AVENU | Transaction ID : 62BAE2BDB95BD4A | | | 10/19/2018 | 2700.00 | | | |
| CITY | STATE | ZIP CODE | Occupation | | | - | | |
| CHICAGO | IL | 60614-3815 | VETERINARIAN | | | | | |
| B. FULL NAME ROBERTS, KYLE, | Name of Employer SMART MEDIA | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS 1001 WAYNEWOOD BLVD | | | - | | | 10/19/2018 | 2700.00 | |
| CITY STATE ZIP CODE | | | Transaction ID: 61676242B4D67432F Occupation | | | | | |
| | VA | 22308-2611 | OWNER | | | | | |
| ALEXANDRIA C. FULL NAME | | | | Data (manth | Amount | | | |
| AUSTIN, ROBERT, | Name of Employer UNAKA CO., INC. | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS P.O. BOX 461344 | | | Transaction ID: 687C42CB49CDA438 | | | 10/19/2018 B | 2700.00 | |
| CITY | STATE | ZIP CODE | Occupation | | | _ | | |
| GARLAND | TX | 75046-1344 | BUSINESSMAN | | | | | |
| D. FULL NAME SUTTON, LINDA, , | Name of Employer NONE | | | Date (month, day, year) | Amount | | | |
| MAILING ADDRESS 31361 NAPA VALLEY DRIVE | | | | | | 10/19/2018 | 2700.00 | |
| 31361 NAPA VALLEY DRIVE | | | Transaction ID: 64547DCF315FB4AF7 | | | - | | |
| CITY | STATE | ZIP CODE | Occupation | | - | | | |
| WAUKEE | IA | 50263-7070 | RETIRED | | | | | |
| E. FULL NAME | | | Name of Employer | | | Date (month, day, year) | Amount | |
| MAILING ADDRESS | | | - | | | | | |
| CITY | STATE | ZIP CODE | Occupation | | | _ | | |
| SIGNATURE (optional) ASHLEY, LISA, , , | | | [Electronically I | Filed] | DATE 10/20/2018 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | | |

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.

