

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. 12FE4M5 Young for Iowa, Inc.

ADDRESS (number and street) PO Box 162 Van Meter IA 50261-0162

2. FEC IDENTIFICATION NUMBER C C00545616 3. IS THIS REPORT NEW (N) OR AMENDED (A) IA 03

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 06 / 21 / 2014 in the State of IA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 05 / 15 / 2014 through 06 / 01 / 2014

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 Christopher Gunnare Signature of Treasurer Christopher Gunnare [Electronically Filed] Date 06 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

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))....	9725.00	455875.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	90.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9725.00	455875.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	87658.13	642921.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87658.13	642921.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62363.83	
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).....	272757.90	

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 12/2003)

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).....	8300.00	364491.41
(ii) Unitemized.....	1425.00	34914.51
(iii) TOTAL of contributions from individuals ▶	9725.00	399405.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	37390.98
(d) The Candidate.....	0.00	19078.46
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9725.00	455875.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	109725.00	705875.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	87658.13	642921.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	500.00
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	0.00	90.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	90.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	87658.13	643511.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40296.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109725.00
25. SUBTOTAL (add Line 23 and Line 24).....	150021.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87658.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62363.83

**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 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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.

Full Name (Last, First, Middle Initial) A. Cynthia Lee Wells		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 3712 157th St		Transaction ID : A67F48B42734D4A2BB8E
City URBANDALE	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Homemaker	Election Cycle-to-Date 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Christopher Daryl Gunnare		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 9621 Horton Trl		Transaction ID : AB5DDE2207C13441EAA4
City Urbandale	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lutheran Church of Hope	Occupation Chief Operations Officer	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Douglas Raymond Pick		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2715 Deer Creek Trl		Transaction ID : A32612B5FE6E9433C85F
City Urbandale	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capital Dental Group	Occupation Dentist	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial)
Verne Herbert Welch

Mailing Address 2515 Eagle Ridge Dr

City Council Bluffs	State IA	Zip Code 51503-4473
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harrah's	Occupation Consultant
------------------------------	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : A79E631F82586441A8FB

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kathleen Black

Mailing Address 3528 75th St

City Cabin John	State MD	Zip Code 20818
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coca Cola	Occupation Government Relations
-------------------------------	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : A91FE67159A3E4291992

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
E J Giovannetti

Mailing Address 3004 Melanie Dr

City Urbandale	State IA	Zip Code 50322-6848
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hopkins & Huebner	Occupation Attorney
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : A9727271CF3474322B45

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Janne Mack

Mailing Address **PO Box 1575**

City **Breckenridge** State **CO** Zip Code **80424-1575**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : A373991D9AECD4380957

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Robert A Burnett

Mailing Address **2942 Sioux Ct**

City **Des Moines** State **IA** Zip Code **50321-1446**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify) **Convention2014**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : A5850D48B17FE49BA835

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Micheal P Daggy

Mailing Address **1541 7th St**

City **Des Moines** State **IA** Zip Code **50314-2808**

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

Name of Employer **McDonald Letter Service** Occupation **Printer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : A61BB2ADD8F6B4BDD921

Amount of Each Receipt this Period
 100.00

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

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

750.00

**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 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Richard Levitt

Mailing Address 3131 Fleur Dr Unit 1001

City State Zip Code
Des Moines IA 50321-1751

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify) Convention2014

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : AAB7908CAF8234690A95

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Joseph J. E. Zummo

Mailing Address 909 Saint Stephens Rd

City State Zip Code
Alexandria VA 22304-1724

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

Name of Employer Occupation
Raytheon Company Policy Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : A78EAE2D1E8024B18BEE

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Karen Lee Slifka

Mailing Address 6980 Cody Dr Unit 23

City State Zip Code
West Des Moines IA 50266-2450

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

Name of Employer Occupation
LS2Group Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : AC84CA0BDCFF54C99AD6

Amount of Each Receipt this Period
250.00

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

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

3100.00

**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 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
John E. Mack

Mailing Address **PO Box 1575**

City **Breckenridge** State **CO** Zip Code **80424-1575**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : A894B76B1D6EA4A64A13

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Aaron Michael Mckay

Mailing Address **260 N Pleasant Hill Blvd**

City **Pleasant Hill** State **IA** Zip Code **50327-7140**

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

Name of Employer **US Senate** Occupation **Staff**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : AD742D220944242F6945

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Thomas Durkin

Mailing Address **1949 Barton Hill Rd**

City **Reston** State **VA** Zip Code **20191-5009**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : AD9BEFC792B9F428C805

Amount of Each Receipt this Period
200.00

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

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

900.00

**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 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Steven C Schoenebaum

Mailing Address 1671 NW 132nd St

City Clive State IA Zip Code 50325-8518

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

Name of Employer Brown Winick Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : A03BF517CCE1A4502A69

Amount of Each Receipt this Period
 300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

300.00

8300.00

**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 27
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
David Young

Mailing Address **PO Box 123**

City **Van Meter** State **IA** Zip Code **50261-0123**

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

Name of Employer Candidate **Van Meter** Occupation Candidate **IA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **269078.46**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : AA6B1596F4D3D445D976

Amount of Each Receipt this Period
75000.00

Loan

B. Full Name (Last, First, Middle Initial)
David Young

Mailing Address **PO Box 123**

City **Van Meter** State **IA** Zip Code **50261-0123**

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

Name of Employer Candidate **Van Meter** Occupation Candidate **IA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **194078.46**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : ABF8172762E53416FBB8

Amount of Each Receipt this Period
25000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100000.00

100000.00

**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 12 OF 27			
	<input checked="" type="checkbox"/> 17 <input 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. SmartMediaGroup		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1427 Leslie Ave		Amount of Each Disbursement this Period 25932.50 Transaction ID : B5538707011CD4C0C871
City Alexandria	State VA	
Zip Code 22301-1618	Purpose of Disbursement advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1165 2nd Ave		Amount of Each Disbursement this Period 25.00 Transaction ID : BB0348E5045254CA08DE
City Des Moines	State IA	
Zip Code 50318-9704	Purpose of Disbursement box rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1165 2nd Ave		Amount of Each Disbursement this Period 340.00 Transaction ID : BA06C84F10F8948CCAAA
City Des Moines	State IA	
Zip Code 50318-9704	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	26297.50
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 13 OF 27			
	<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. Adrienne Pyle		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 5000 Waterbury Rd		Amount of Each Disbursement this Period 426.41 Transaction ID : BB2CE1DCDEAD7495C82E
City Des Moines	State IA Zip Code 50312-1918	
Purpose of Disbursement salary		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SmartMediaGroup		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1427 Leslie Ave		Amount of Each Disbursement this Period 15000.00 Transaction ID : BBEA33BB762AB42A6B69
City Alexandria	State VA Zip Code 22301-1618	
Purpose of Disbursement advertising		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bellwether Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1775 I Street NW # 700		Amount of Each Disbursement this Period 642.97 Transaction ID : BFD95FB4BE1C242669EE
City Washington	State DC Zip Code 20006-2416	
Purpose of Disbursement fundraising expenses		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16069.38
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 14 OF 27	
	<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. Verizon		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 137.20 Transaction ID : B4520D944387545F3915
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Drew C. Pederson		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 1133 E Md		Amount of Each Disbursement this Period 365.63 Transaction ID : B82EA4D2103BE403AB01
City Silver Spring	State MD	
Zip Code 20910	Purpose of Disbursement travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Campaign HQ		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 257		Amount of Each Disbursement this Period 6000.00 Transaction ID : B9DCC68ED17D147C5823
City Brooklyn	State IA	
Zip Code 52211-0257	Purpose of Disbursement telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6502.83
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 15 OF 27			
	<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. Aristotle Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 185.00 Transaction ID : BDA3681B90F654195A11
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement processing fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Competitive Edge		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 3500 109th St		Amount of Each Disbursement this Period 699.60 Transaction ID : BE275EA9C51E5429E9B8
City Des Moines	State IA Zip Code 50322-8100	
Purpose of Disbursement collateral materials	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stephen Pyle & Associates		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 3716 Ingersoll Ste D		Amount of Each Disbursement this Period 250.00 Transaction ID : B25B0E4CAAB8948648AF
City Des Moines	State IA Zip Code 50312-3440	
Purpose of Disbursement rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1134.60
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 16 OF 27	
	<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. Alec Scott Kennedy			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 1115 Payton Ave			Amount of Each Disbursement this Period 766.71	
City Des Moines	State IA	Zip Code 50315-5048	Transaction ID : BFA1A89DC15D14AC4880	
Purpose of Disbursement travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Strategic Perception Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 6158 Mulholland Hwy			Amount of Each Disbursement this Period 30341.21	
City Los Angeles	State CA	Zip Code 90068-1644	Transaction ID : B583F0770615B48959A2	
Purpose of Disbursement media services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Charles Johnson			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014	
Mailing Address 121 Fox Haven Dr			Amount of Each Disbursement this Period 190.84	
City Council Bluffs	State IA	Zip Code 51503-1047	Transaction ID : B1221900963D345C49E1	
Purpose of Disbursement REIMBURSEMENT: See Below		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	31298.76
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 27	
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 1165 2nd Ave		Amount of Each Disbursement this Period 98.00
City Des Moines	State IA Zip Code 50318-9704	
Purpose of Disbursement postage	Category/Type	Transaction ID : B5640C185A8DD4679BDB
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. John E Noll		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1626 NW 122nd St		Amount of Each Disbursement this Period 683.30
City Clive	State IA Zip Code 50325-8113	
Purpose of Disbursement REIMBURSEMENT: See Below	Category/Type	Transaction ID : B6F1E343A46F94F36A62
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1101 73rd St		Amount of Each Disbursement this Period 683.30
City Des Moines	State IA Zip Code 50324-1313	
Purpose of Disbursement candy/office supplies	Category/Type	Transaction ID : B66C247F62D024258A16
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	683.30
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 27	
	<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)		Date of Disbursement
A. MasterCard		M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 2000 Purchase Street		Amount of Each Disbursement this Period
City Purchase	State NY	Zip Code 10577-2405
Purpose of Disbursement CREDIT CARD: See Below		827.99
Candidate Name		Transaction ID : B3AAF543DAFBC4E19914
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Sam's Club		M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1101 73rd St		Amount of Each Disbursement this Period
City Des Moines	State IA	Zip Code 50324-1313
Purpose of Disbursement office supplies		188.32
Candidate Name		Transaction ID : BCC5010D0E9DD4A9FBAF
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. USPS		M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1165 2nd Ave		Amount of Each Disbursement this Period
City Des Moines	State IA	Zip Code 50318-9704
Purpose of Disbursement postage		498.00
Candidate Name		Transaction ID : BBA432DCCFA3A408F9FF
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	Category/ Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	827.99
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 27			
	<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. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 3547.48 Transaction ID : B62FEB2E076644D5A8D1
City West Des Moines	State IA	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kabel Business Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1454 30th St #202		Amount of Each Disbursement this Period 1119.18 Transaction ID : B3271F2801E6D4723A0E [MEMO ITEM]
City West Des Moines	State IA	
Purpose of Disbursement Payroll services and taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Drew C. Pederson		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1133 E Md		Amount of Each Disbursement this Period 914.06 Transaction ID : BE85298F5823C4998A35 [MEMO ITEM]
City Silver Spring	State MD	
Purpose of Disbursement salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3547.48
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 20 OF 27	
	<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. Thomas Michael Kacmarynski		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 812 University St # 413		Amount of Each Disbursement this Period 268.82
City Pella State IA Zip Code 50219-1902	Purpose of Disbursement salary	
Candidate Name	Category/Type	Transaction ID : B71012F60116D46C8B01 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Erika Smalley		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1400 S 52nd St #19		Amount of Each Disbursement this Period 763.74
City West Des Moines State IA Zip Code 50265-5260	Purpose of Disbursement salary	
Candidate Name	Category/Type	Transaction ID : B7EAC1A1DF10D4820853 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Alec Scott Kennedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1115 Payton Ave		Amount of Each Disbursement this Period 481.68
City Des Moines State IA Zip Code 50315-5048	Purpose of Disbursement salary	
Candidate Name	Category/Type	Transaction ID : BD1C59CBEE8EB4475B3C [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 21 OF 27	
	<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. Cory J Crowley		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 4618 Wendy Lee Ln NW		Amount of Each Disbursement this Period 1270.99 Transaction ID : B37DF7D1F7C06423B81E
City Cedar Rapids	State IA Zip Code 52405-5284	
Purpose of Disbursement REIMBURSEMENT: See Below		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2 N La Salle St		Amount of Each Disbursement this Period 533.00 Transaction ID : B86F3AA40A8614EF09A2 [MEMO ITEM]
City Chicago	State IL Zip Code 60602-3702	
Purpose of Disbursement airfare		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 737.99 Transaction ID : BAE6345227C8A4F54B7D [MEMO ITEM]
City Dallas	State TX Zip Code 75261-9616	
Purpose of Disbursement airfare		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1270.99
TOTAL This Period (last page this line number only).....	87632.83

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : CA6B1596F4D3D445D976

LOAN SOURCE Full Name (Last, First, Middle Initial)

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
75000.00 0.00 75000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 29 / Y 2014 M M / D D / Y None % (apr) Yes 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)..... ▶ 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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : C7CF1240EA02945E3AB1

LOAN SOURCE Full Name (Last, First, Middle Initial)

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 24 / Y 2014 M M / D D / Y None % (apr) Yes 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)..... 100000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : CBF8172762E53416FBB8

LOAN SOURCE Full Name (Last, First, Middle Initial)

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

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 Secured:
M 05 / D 16 / Y 2014 M M / D D / Y None 5.00 % (apr) Yes 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)..... ▶ 25000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

Transaction ID : C4EA732247CDF4C279FA

LOAN SOURCE Full Name (Last, First, Middle Initial)

David Young

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 123

City State ZIP Code
Van Meter IA 50261-0123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 0.00 50000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 30 / Y 2013 M M / D D / Y None 5.00 % (apr) Yes 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)..... 50000.00
TOTALS This Period (last page in this line only)..... 250000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): travel/printing/postage
Mailing Address 200 Vesey St	
City State Zip Code New York NY 10080	

Outstanding Balance Beginning This Period 2051.62	Transaction ID : DB12877C93CDE47119BC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2051.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Holtzman Vogel Josefiak PLLC	Nature of Debt (Purpose): legal services
Mailing Address 1341 G Street, NW, Suite 1100	
City State Zip Code Washington DC 20005-3105	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D0C593C129D99437389D	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MacDonald Letter Service	Nature of Debt (Purpose): printing/mailling
Mailing Address 1632 Ohio St	
City State Zip Code Des Moines IA 50314-3633	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D655DE11DEAD746AC89F	
Amount Incurred This Period 13106.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 13106.28

1) SUBTOTALS This Period This Page (optional)	15757.90
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Young for Iowa, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tarrance Group		Nature of Debt (Purpose): research
Mailing Address 201 N Union St Ste 410		
City State	Zip Code	
Alexandria	VA 22314-2649	

Outstanding Balance Beginning This Period	Transaction ID : D647AF9E03AEF4809BE3	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7000.00	0.00	7000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	7000.00
2) TOTALS This Period (last page this line number only)	22757.90
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	250000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	272757.90