Image# 202010219326761639 PAGE 1/2

## 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 lowa,								
ADDRESS (number and street) p	O Box 162							
CITY STATE				ZIP CODE				
Van Meter		IA		50261-0162				
2. NAME OF CANDIDATE Young, David, , ,			3. OFFICE SO House	3. OFFICE SOUGHT (State and District) House IA 03			4. FEC IDENTIFICATION NUMBER C00545616	
							000010010	
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AME	NDS THE	NOTICE FILE	ED ON	/	<b></b>
Rogers, Ed, , ,			Name of Emp BGR Group	Name of Employer BGR Group			Date (month, day, year)	Amount
MAILING ADDRESS 601 13th Street NW	Transaction	Transaction ID : 61DD823E8A7BD4F8			10/19/2020	1000.00		
CITY	STATE	ZIP CODE	Occupation					
Washington	DC	20005	Consultant	•				
B. FULL NAME	1 20	20003		lover			Date (month,	Amount
Tauke, Thomas, , ,			None	Name of Employer None			day, year)	
MAILING ADDRESS							10/19/2020	1000.00
1405 Greenwood Pl			Transaction	ID : 664	4759918B	2074F3C		
CITY	STATE	ZIP CODE	Occupation	Occupation				
Alexandria	VA	22304-1604	Retired	Retired				
C. FULL NAME			Name of Emp	Name of Employer			Date (month,	Amount
Morgan, David, , ,			None				day, year)	
MAILING ADDRESS 4805 N Greentree Dr. W.							10/19/2020	1000.00
			Transaction	ID : 65	6D8D2002	21B346CI		
CITY	STATE	ZIP CODE	Occupation	Occupation				
Litchfield Park	AZ	85340	Retired	Retired				
D. FULL NAME				Name of Employer			Date (month, day, year)	Amount
McCarthy, Lawrence, , ,			WicCartify H	McCarthy Hennings Whalen			day, your)	
MAILING ADDRESS 5715 Aberdeen Rd							10/19/2020	1800.00
			Transaction	ID : 6F	4767835C	6E3425A		
CITY	STATE ZIP CODE Occupation							
Bethesda	MD	20814-1118	Media Cons	Media Consultant				
E. FULL NAME Brett PAC - Leadership PA	rie Name of Emp	Name of Employer			Date (month, day, year)	Amount		
							day, year)	
MAILING ADDRESS 504 Derek Ave.		Transaction ID : 6A88B10247C904C12			10/19/2020	2000.00		
						_		
CITY	STATE	ZIP CODE	Occupation	Occupation				
Elizabethtown	KY	42701-9168	3					
SIGNATURE (optional) Kilgore, Paul, , ,			[Electronically	Filed]	<b>DATE</b> 10/21/20	20	Federal Ele 999 E Street, NV	nformation contact: ection Commission V, Washington, DC 20463 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.



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NAME OF COMMITTEE IN FULL			1	
Young for Iowa, Inc.				
ADDRESS (number and street) PO Box 162				
CITY, STATE, and ZIP CODE			continuatio	nn naga
Van Meter		IA 50261-0162		
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
Young, David, , ,		House IA 03	C00545616	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A N	EW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Hy-Vee Inc Employees' PAC			day, year)	
5820 WESTOWN PARKWAY			10/19/2020	1500.00
		Transaction ID: 69EB33A0B8B15439	¢B17	
West Des Moines	IA 50266-8223	Occupation		
	17( 00200 0220		Data (month	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Vicky Hartzler For Congress				
PO Box 531			10/19/2020	1000.00
PO BOX 531		Transaction ID : 6EDBDA5E7F05A404	DREE	
		Occupation	ZBJE	
Harrisonville	MO 64701-0531	Оссираноп		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Kirby, Dan, , ,		None	day, year)	
3,			10/20/2020	1000.00
2 S Riverview Heights				
		Transaction ID: 64F408C33F6814148	880	
Sioux Falls	SD 57105-0254	Occupation		
	30 37 103 0234	Retired	Data (manufic	A
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
		Occupation	_	
		Coodpailon		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
,		, , , , , , , , , , , , , , , , , , ,	day, year)	
		Occupation	1	