Only

STATEMENT OF

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FEC 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 jamescarstensen@yahoo.com (Check if address is changed) Optional Second E-Mail Address paul@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2015 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] 05 2017 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

		5 . 2
	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE date Committee:	
	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. (Cor information below.)	mplete the candidate
Name of Candida	T TOUTY, David	
Candida Party Af	DED Time	State IA District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	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 s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
(Committees Participating in Joint Fundraiser	
1	. FEC ID number	
2	c. FEC ID number	
3	3.	
2	.	

FEC Form 1 (Revised		Page 3
Write or Type Committee Nar		
Young for lowa		
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
PATRIOT DAY I 201	5 	
Mailing Address	228 S WASHINGTON ST STE 115	
	ALEXANDRIA VA	22314
	CITY STATE	ZIP CODE
	ted Organization Affiliated Committee Joint Fundraising Representat	
books and records.	rentity by frame, address (prione number optional) and position of the pe	rson in possession of committee
Ashley, Full Name	Lisa, , ,	
	PO Box 162	
Mailing Address		
	Van Meter IA	,50261
	varivietei	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	15 422 6988
 Treasurer: List the name a any designated agent (e.g. 	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	and the name and address of
Full Name Ashley, L	Lisa, , ,	
Mailing Address	PO Box 162	
	Van Meter IA CITY STATE	50261 ZIP CODE
Title or Position Treasurer		15 - 422 - 6988

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address		1	
		1 1 1	1_1
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
safety deposit boxes or Name of Bank, Deposit			
Name of Bank, Deposit	maintains funds. ory, etc.		1 1 1 1 1 1 1 1 1
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank		
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street		
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank	NC	27150
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street		27150 ZIP CODE
Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank	NC NC	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank 475 Mill Street	NC NC STATE	
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit Ear	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank	NC NC STATE	
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit Ear	maintains funds. ory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY ory, etc. Iham Savings Bank 475 Mill Street	NC NC STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents **Banks or Other Depositories:** safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. 1909 K St NW Mailing Address 20006 Washington DC ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT) PO BOX 2485 Mailing Address **SPRINGFIELD** 22152 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı ŞuņTruşt Bank PO Box 4418 Mailing Address 30302 GΑ Atlanta CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor DAVID YOUNG VICTORY FUND PO BOX 225 Mailing Address VAN METER 50261 **CITY** STATE 4 ZIP CODE Relationship: X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Chain Bridge Bank 1445-A Laughlin Ave Mailing Address 22101 McLean CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PATRIOT DAY II 2017 PO BOX 9891 Mailing Address ARLINGTON 22219 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Affiliated Committee Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number