

# 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 _____ / _____ / _____			
A. FULL NAME <b>BROWN, C. EDWARD, , MR.,</b>		Name of Employer THE IOWA CLINIC	Date (month, day, year) 10/24/2018
MAILING ADDRESS 805 59TH ST		Transaction ID : 61A591E3D47E54B28	Amount 1000.00
CITY WEST DES MOINES	STATE IA	ZIP CODE 50266-7518	Occupation CEO
B. FULL NAME <b>BIANCO, TIM, , ,</b>		Name of Employer INFORMATION REQUESTED	Date (month, day, year) 10/24/2018
MAILING ADDRESS 5538 BEECHWOOD TER		Transaction ID : 634085C06FA2249E5	Amount 1000.00
CITY WEST DES MOINES	STATE IA	ZIP CODE 50266-6620	Occupation INFORMATION REQUESTED
C. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
D. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
E. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
SIGNATURE (optional) ASHLEY, LISA, , ,		DATE 10/26/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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