## 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 paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2018 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] 03 2018 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 Only Local 202-694-1100

	550 <b>5</b>	4 (Duris al 00/0000)	D <b>0</b>
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • Committee:	
(a)	×	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. (Con information below.)	nplete the candidate
Nam Cano	e of didate	Young, David, , ,	1 1 1 1 1 1 1
	didate / Affiliation	on REP Office Sought: X House Senate President	State IA District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo 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)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

l		
FEC Form 1 (Revised		Page <b>3</b>
Write or Type Committee Nar		
Young for lowa	a, Inc.	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representation	ntative, or Leadership PAC Sponsor
REPUBLICANS INSI	PIRING SUCCESS & EMPOWERMENT PROJ	ECT (RISE PROJECT)
Mailing Address	PO BOX 2485	
		/A 22152 
Relationship: Connect	eted Organization Affiliated Committee	
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	dentify by name, address (phone number optional) and position o	of the person in possession of committee
Ashley,	Lisa, , ,	ı
Full Name	,PO Box 162	
Mailing Address		
	Van Meter	A 50261
Title or Position	CITY STA	ATE ZIP CODE
Treasurer		515 422 6988
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the con ., assistant treasurer).	nmittee; and the name and address of
Full Name Ashley, I	Lisa, , ,	
Mailing Address	PO Box 162	
Mailing Address		
	Van Meter	IA    50261   _   _
	CITY	
Title or Position Treasurer	Telephone number	515 - 422 - 6988

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Full Name of Designated Agent	<u> </u>	
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds kes or maintains funds.  The pository, etc.  Earlham Savings Bank	accounts, rents
Mailing Address	475 Mill Street	
y /iddiess	P.O. Box 185	
	Van Meter IA 50261-01	62
	CITY STATE 2	ZIP CODE
Name of Bank, D	epository, etc.	
	BB&T 1909 K St NW	
Mailing Address		
Mailing Address	Washington DC 20006	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected DAVID YOUNG \	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 225		
	VAN METER		50261
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, SunTr	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, SunTr	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PATRIOT DAY II	2017		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite of the deposite boxes or mainly and the deposite boxes or main	CITY ▲  CITY ▲  Telepries: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Bridge Bank	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

anks or Other Depositor defety deposit boxes or make ame of Bank, epository, etc.  Mailing Address	aintains funds.	other depositories in whic	n the committee deposit	s funds, holds accounts, rents
afety deposit boxes or material deposit boxes or deposit box	aintains funds.  Fargo	other depositories in whic	n the committee deposit	s funds, holds accounts, rents
afety deposit boxes or ma	aintains funds.	other depositories in whic	n the committee deposit	s funds, holds accounts, rents
			Telephone Number	
TITLE OR POSITION	▼	CITY ▲	STATE A	ZIP CODE ▲
		CITY		ZIR CODE A
Mailing Address				
Full Name				
esignated Agent: Identif		ohone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
	d Owneries the Day			
Relationship:	DETHEODA	CITY A	STATE A	ZIP CODE ▲
	BETHESDA		. MD	20824
Mailing Address	PO BOX 30844			
ame of Any Connected		ed Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
4.			FEC ID number	C
3.			FEC ID number	C
			FEC ID number	C
2.			FEC ID number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1					
			FEC	ID number	С
3.			FEC	ID number	С
			FEC	ID number	С
4.			FEC	ID number	С
Name of Any Connected ( The Hawkeye Fun		ated Committee, Join	Fundraising Re	epresentativ	ve, or Leadership PAC Spons
Mailing Address	824 S Milledge Av	ve, Ste 101			
	Athens			GA	30605
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
Full Name					
Mailing Address					
TITLE OR POSITION	▼	CITY A		STATE ▲	ZIP CODE ▲
			Telephone	Number _	
		or other depositories in	which the comn	nittee deposi	its funds, holds accounts, rents
safety deposit boxes or ma					
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.					
Safety deposit boxes or ma  Name of Bank,  Depository, etc.					