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 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] 02 13 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

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		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 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)	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 3
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	
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position o	of the person in possession of committee
Ashley,	Lisa, , ,	1
Full Name	,PO Box 162	
Mailing Address		
	Van Meter	A 50261
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	515 422 6988
3. Treasurer: 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		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, Do		
safety deposit box Name of Bank, Do	wes or maintains funds. Depository, etc. Wells Fargo Bank	
safety deposit box Name of Bank, Do	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, De	Wells Fargo Bank 100 North Main Street	
safety deposit box Name of Bank, De	wes or maintains funds. Depository, etc. Wells Fargo Bank	
safety deposit box Name of Bank, De	Wells Fargo Bank 100 North Main Street Winston Salem NC 27150	ZIP CODE
safety deposit box Name of Bank, De	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE Earlham Savings Bank	ZIP CODE
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE Pepository, etc. Earlham Savings Bank 475 Mill Street P.O. Box 185	
safety deposit box Name of Bank, Do Mailing Address Name of Bank, Do	Wells Fargo Bank 100 North Main Street Winston Salem CITY STATE Pepository, etc. Earlham Savings Bank 475 Mill Street	

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

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5(g)	or(h). Joint Fundraisin	g Participant:			
	1		FEC ID	number	C
	2.		FEC ID	number	C
	3.		FEC ID	number	С
	4.		FEC ID	number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fur	draising Rep	resentative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 225			
		VAN METER	<u> </u>	I IA	50261
	Relationship:	CITY A	· · · · · ·	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	int Fundraising	Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)			
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲	5	STATE A	ZIP CODE ▲
			Telephone Nu	umber	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	ch the commit	tee deposit	s funds, holds accounts, rents
	Depository, etc.	4000 K St NIM			
	Mailing Address	1909 K St NW			
		Washington		DC	20006
		CITY ▲	5	STATE A	ZIP CODE ▲

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h). Joint Fundraisi	ig ratiopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
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 VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market.	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. ust Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. ust Bank	STATE A	ZIP CODE A

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

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or(h). Joint Fundraisin	α Particinant·		
1.	g	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected PROTECT THE H	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 30844		
	BETHESDA		20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Spons
Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	•		ZIP CODE A
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which that intains funds. Bridge Bank 1445-A Laughlin Ave	STATE ▲ ephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which that intains funds. Bridge Bank	STATE ▲ ephone Number	

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

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h). Joint Fundraisi n			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
		Joint Fundraising Represer	tative Leadership PAC Sp
	d Organization		tative Leadership PAC Sp
esignated Agent: Identify			tative Leadership PAC Sp
esignated Agent: Identify			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	by name, address (phone number – optional		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional	I)	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, Wells	ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name	ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A