

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 YOUNG FOR IOWA, INC.

ADDRESS (number and street) PO BOX 162 VAN METER IA 50261-0162 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00545616 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE IA DISTRICT 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2019 through 03 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ASHLEY, LISA, , , Signature of Treasurer ASHLEY, LISA, , , [Electronically Filed] Date 04 / 04 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
YOUNG FOR IOWA, INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	9300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	- 9300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12091.74	78650.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	54.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12091.74	78596.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3877.15	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	197500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

YOUNG FOR IOWA, INC.

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	3169.19	14067.77
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	54.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3169.19	14121.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12091.74	78650.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	3800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	9300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12091.74	87950.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12799.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3169.19
25. SUBTOTAL (add Line 23 and Line 24).....	15968.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12091.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3877.15

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
PROTECT THE HOUSE

Mailing Address PO BOX 30844

City: BETHESDA State: MD Zip Code: 20824

FEC ID number of contributing federal political committee: **C** C00669622

Name of Employer: Occupation:

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3169.19

Date of Receipt: 02 / 22 / 2019

Transaction ID : **ABB40A455A6644C89AD3**

Amount of Each Receipt this Period: 3169.19

Memo Item

B. Full Name (Last, First, Middle Initial)
AMOS, DANIEL, , ,

Mailing Address PO BOX 5566

City: COLUMBUS State: GA Zip Code: 31906-0566

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:
AFLAC CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.77

Date of Receipt: 02 / 22 / 2019

Transaction ID : **A14D7927F5CE94543A5B**

Amount of Each Receipt this Period: 280.77

Memo Item

C. Full Name (Last, First, Middle Initial)
KLINGENSTEIN, THOMAS, , ,

Mailing Address 1410 BROADWAY

City: NEW YORK State: NY Zip Code: 10018-5007

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:
COHEN KLINGENSTEN INVESTMENT ADVISOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2246.15

Date of Receipt: 02 / 22 / 2019

Transaction ID : **A8F420D0AE2934C61B4A**

Amount of Each Receipt this Period: 2246.15

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3169.19

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

A. Full Name (Last, First, Middle Initial)
SIDDIQI, FARHAN, , ,

Mailing Address 10330 ALTRARA WAY

City TRINITY State FL Zip Code 34655-7040

FEC ID number of contributing federal political committee. **C**

Name of Employer TRINITY SPINE CENTER Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
323.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : **A0550CDBBA1AF40D5BD4**

Amount of Each Receipt this Period
323.08

Memo Item

B. Full Name (Last, First, Middle Initial)
KIRBY, STEVE, , ,

Mailing Address 101 S PHILLIPS AVE
STE 501

City SIOUX FALLS State SD Zip Code 57104-6700

FEC ID number of contributing federal political committee. **C**

Name of Employer BLUSTEM CAPITAL COMPANY, LLC Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
323.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : **A09BF65A8D579416F9E2**

Amount of Each Receipt this Period
323.08

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	3169.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2019
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308-2172
Purpose of Disbursement E-MARKETING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 150.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BADB5FAD5490E49B78FD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE FRANKING GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019
Mailing Address 611 PENNSYLVANIA AVE SE # 1025		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-4303
Purpose of Disbursement VOID OF PREVIOUS--EXPENSE NOT INCURRED	Category/Type	
Candidate Name	Amount of Each Disbursement this Period - 500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B8CCED1B2CB084A4989B
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHRISTIAN PRINTERS		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2019
Mailing Address 1411 21ST ST		FEC Identification Number C
City DES MOINES	State IA	Zip Code 50311-3209
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 106.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD09834D025474F22A71
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	- 244.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. I360		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2019
Mailing Address PO BOX 37046		FEC Identification Number C
City BALTIMORE	State MD	Zip Code 21297-3046
Purpose of Disbursement SOFTWARE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1800.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB208B65FB85B41D6821
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2019
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308-2172
Purpose of Disbursement E-MARKETING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 159.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B240EEEE6749A4E72995
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2019
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3352.07	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9BA410F9FEB64DE7A16
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5311.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2019
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30308-2172
Purpose of Disbursement E-MARKETING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 159.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B82664109BE9F4C52861	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ARISTOTLE INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2019
Mailing Address 205 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement SOFTWARE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1350.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B202AD90DD98B491AB06	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2019
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : BF8543031849048259DE	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2509.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. YOUNG, DAVID, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address PO BOX 123			FEC Identification Number C	
City VAN METER	State IA	Zip Code 50261-0123	Amount of Each Disbursement this Period 3908.62	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type	Transaction ID : BF0664ABE1E61488969	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address PO BOX 619616			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75261-9616	Amount of Each Disbursement this Period 857.60	
Purpose of Disbursement AIRFARE		Category/ Type	Transaction ID : B6AB43D1D99E2452DA39	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. HY-VEE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C	
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 260.13	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : BDFC24E2A393748DC865	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3908.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. FLOW RV LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address 102 N 2ND AVE STE 1040			FEC Identification Number C	
City PATTERSON	State IA	Zip Code 50218	Amount of Each Disbursement this Period 1636.43	
Purpose of Disbursement RV RENTAL		Category/Type	Transaction ID : BA56CFCEC8A074AD2A1E	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. SHALLOTS BISTRO			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address 7016 CARPENTER RD			FEC Identification Number C	
City SKOKIE	State IL	Zip Code 60077-3236	Amount of Each Disbursement this Period 835.00	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B3FD777CD41834A55AFF	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. LEFLER, DYLAN, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019	
Mailing Address 3000 UNIVERSITY AVE APT 18102			FEC Identification Number C	
City WEST DES MOINES	State IA	Zip Code 50266-1375	Amount of Each Disbursement this Period 484.39	
Purpose of Disbursement SEE MEMO ENTRIES		Category/Type	Transaction ID : B93E64DB6CC4948299A2	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	484.39
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. COSTCO		Date of Disbursement
Mailing Address 7205 MILLS CIVIC PKWY		M M / D D / Y Y Y Y 01 / 10 / 2019
City WEST DES MOINES	State IA	Zip Code 50266-8140
Purpose of Disbursement EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	382.91
State: District:	Transaction ID : BA41B8A81C8A346F6B03	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	11969.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. M & M FARMS			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019		
Mailing Address 1195 190TH ST			FEC Identification Number C		
City SHENANDOAH	State IA	Zip Code 51601-5025	Amount of Each Disbursement this Period - 35.00		
Purpose of Disbursement REFUND: VOID OF PREVIOUS--PAYMENT NOT RECEIVED		Category/Type	Transaction ID : BF84C72AD6C2D4022993		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KCH ENTERPRISES LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019		
Mailing Address 24 BINGHAM RD			FEC Identification Number C		
City COLUMBIA	State MO	Zip Code 65203-3503	Amount of Each Disbursement this Period - 500.00		
Purpose of Disbursement REFUND: VOID OF PREVIOUS--PAYMENT NOT RECEIVED		Category/Type	Transaction ID : B185915264F2844EF865		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	- 535.00
TOTAL This Period (last page this line number only).....▶	- 535.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
YOUNG FOR IOWA, INC.

Full Name (Last, First, Middle Initial) A. GOLDEN GRAIN ENERGY LLC POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019
Mailing Address 1822 43RD ST		FEC Identification Number C C00414490
City MASON CITY	State IA	Zip Code 50401-7071
Purpose of Disbursement REFUND: VOID OF PREVIOUS--PAYMENT NOT RECEIVED		Amount of Each Disbursement this Period - 500.00
Candidate Name GOLDEN GRAIN ENERGY LLC POLITICAL ACTION COMMITTEE		Transaction ID : BB488563A3EBD49379A8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GOLDEN GRAIN ENERGY LLC POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2019
Mailing Address 1822 43RD ST		FEC Identification Number C C00414490
City MASON CITY	State IA	Zip Code 50401-7071
Purpose of Disbursement REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name GOLDEN GRAIN ENERGY LLC POLITICAL ACTION COMMITTEE		Transaction ID : B9CBC405C99824CF8807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **C7CF1240EA02945E3AB1**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , , <input type="checkbox"/> Memo Item		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123		
City VAN METER	State IA	ZIP Code 50261-0123 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	2500.00	97500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 24 / Y 2014 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	97500.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **CA6B1596F4D3D445D976**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , , <input type="checkbox"/> Memo Item		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123		
City VAN METER	State IA	ZIP Code 50261-0123 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 29 / Y 2014 Y	M M / D D / Y NONE Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	75000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **YOUNG FOR IOWA, INC.** Transaction ID : **CBF8172762E53416FBB8**

LOAN SOURCE Full Name (Last, First, Middle Initial) YOUNG, DAVID, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 123			
City VAN METER	State IA	ZIP Code 50261-0123	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred M 05 / D 16 / Y 2014 Y	Date Due M M / D D / Y NONE Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	197500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.