

Image# 202006299244223077

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) YOUNG, DAVID, , ,			2. Candidate's FEC Identification Number H4IA03115	
(b) Address (number and street) PO BOX 123		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code VAN METER GA 50261		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IA 03		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) YOUNG FOR IOWA, INC.		
(b) Address (number and street) PO BOX 162		
(c) City, State, and ZIP Code VAN METER IA 50261-0162		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)		
(b) Address (number and street) PO BOX 2485		
(c) City, State, and ZIP Code SPRINGFIELD VA 22152		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Young, David, , ,  <i>[Electronically Filed]</i>	Date 06/29/2020
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**PROTECT THE HOUSE**

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**YOUNG VICTORY COMMITTEE**

(b) Address (number and street)

PO BOX 105

(c) City, State, and ZIP Code

VAN METER

IA

50261

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**TAKE BACK IA-03 REPUBLICAN NOMINEE FUND 2020**

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code