

2013 FEB 19 AM 11: 03

Committee Name:
Independent Voices PAC
If registered, FEC ID:
Today's Date:
2/8/2013
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This
committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.

Treasurer

Respectfully submitted,

Treasurer's Name:

Michelle Bauer

Micelle Banez

13031041637

STATEMENT OF

RECEIVE

FORM 1	ORGANIZATION			2013 FEB 15 PM 5: 16		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	regres of Company	
Independe	nt Voi	ces PAC				
			<u></u>	<u> </u>		
ADDRESS (number a	nd street)	PO Box 961				
(Check if address is changed)		Des Moines		IĄ, t	50304	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only on	e e-mail address)			
Charle if	oddrooo					
(Check if address is changed)					لتتنيين	
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)				
(Check if address is changed)		L				
2. DATE Ö2	2 8	° ′ 2013				
3. FEC IDENTIFIC	CATION NU	IMBER C				
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)			
I certify that I have	examined th	is Statement and to the b	est of my knowledge and belief i	t is true, correct a	and complete.	
Type or Print Name	of Treasure	Michelle Ba	nuer			
Signature of Treasure	er <u>1</u>	Vichelle	Baner	Date 02	08 2013	
NOTE: Submission of	•	•	ion may subject the person signing ATION SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.	
Office Use Only			For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2	
5.	TYPE	OF C	OMMITTEE		
	Candidate 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. (Complete the candidat information below.)				
	Name Cand			 	
	Cand Party	liddte Affiliati	Office Sought: House Senate President	State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				
	Part	y Con	nmittee:	_	
	(d)			emocratic, epublican, etc.) Party.	
	Polit	tical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:	
			Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	ообрага	
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segr	regated fund or party	
			committee. (i.e., nonconnected committee)		
			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	Iraising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
		0	and the sea of the section of the se		
		Com	mittees Participating in Joint Fundraiser	a	
		1.	FEC ID number C		
		2.	FEC ID number C		
		3.	FEC ID number C		
		4.	FEC ID number C	n og ett mag og till Hælde hælde skrivetig	

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Write or Type Committee Name	rage U
Independent Voices PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. 	n possession of committee
Full Name Michelle Bauer	
Mailing Address PO Box 961	
Des Moines 1A 50	0304
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of
Full Name Michelle Bauer of Treasurer	
Mailing Address PO Box 961	
Des Moines IA 150	0304
CITY STATE Title or Position	ZIP CODE
Treasurer Telephone number	- لـــــا

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