FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See inst	ructions)	Office use only
1. NAME OF COMMITTEE (in t	(Check if nam is changed)	ne Example: If typying, type over the lines	12FE4M5
West Central C	Cooperative Political Action	Committee	
ADDRESS (number and s	PO Box 68		
(Check if addre	ess		
is changed)	Ralston		IA 51459 – J
COMMITTEE'S E-MAI	I ADDDESS	CITY▲	STATE▲ ZIP CODE ▲
	C@westcentral.net		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 7126673368	UMBER		
2. DATE M M 1 2	1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00395244	
4. IS THIS STATEM	ENT X NEW (N)	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of m	ny knowledge and belief it is true, correct a	and complete
Type or Print Name of	Treasurer Les Elgin		
Signature of Treasurer	Electronically Filed by Les E	lgin	Date 12 / 18 / Y Y Y Y Y
NOTE: Submission of fal		on may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF COMMITTEE (Check One)												
	(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 information below.)	ne candidate											
	Name of Candidate												
	Candidate Office House Senate President	State											
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.													
	Name of Candidate												
	(d) This committee is a (National, State (or subordinate) committee of the X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated	(Democratic, Republican,etc.) Party.											
	committee.	Trulia or party											
6.	Name of Any Connected Organization or Affiliated Committee												
L	<u> </u>												
	Mailing Address												
	CITY STATE A	ZIP CODE 🛦											
	Relationship												
	Type of Connected Organization:												
	Corporation Corporation w/o Capital Stock Labor Organi	zation											
	Membership Organization Trade Association Cooperative												

Write or Type Committee Name

	custodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.													
Full Name														
Mailing Address														
Title or Position ♥	CITY A	STATE A												
		Telephone number												
Treasurer: List the nam name and address of ar Full Name of Treasurer Mailing Address	e and address (phone number optional) of ny designated agent (e.g., assistant treasurer).	itee; and the											
Title or Position ♥	CITY A	STATE ▲	_											
Title or Position ♥	-		-											
Title or Position ▼ Full Name of Designated Agent	-													
Full Name of Designated	-		-											
Full Name of Designated Agent	-		-											

	FEC Form	1 (Re	evised	02	/200	03)																							Pa	age	4		_
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															s, re	nts															
	Name of Bank, Do	eposit	ory, e	etc.																													
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	Mailing Address					Ш							L	L	1																		
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