

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

INTERNATIONAL BROTHERHOOD OF TEAMSTERS DRIVE CHAPTER 238

ADDRESS (Number and street)

5000 J STREET SW

(Check if address is changed)

CEDAR RAPIDS

IA

52404

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ALMANDEN@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 / 09 / 2001

3. FEC IDENTIFICATION NUMBER

C00011957

4. IS THIS STATEMENT

X

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

Type or Print Name of Treasurer

ANDY SULLIVAN

Signature of Treasurer

Electronically Filed by ANDY SULLIVAN

Date

08 / 09 / 2001

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1110

**FEC FORM 1**  
(Revised 1/2001)



Write or Type Committee Name

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS DRIVE CHAPTER 238**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **ANDY SULLIVAN**

Mailing Address **5000 J STREET SW**

**CEDAR RAPIDS** CITY ▲ **IA** STATE ▲ **52404** ZIP CODE ▲

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**TREASURER** Telephone number **319** - **385** - **1461**

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY Δ STATE Δ ZIP CODE Δ

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