FEC FORM

Office

Use Only

STATEMENT OF ORGANIZATION

RECEIVED
REC

FEC FORM 1 (Revised 06/2012)

FORM 1			2078 OCT 1 1 1197:082
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
HANSON4JOWA LIL			
		 	
DRESS (number and street)	PO BOX 3553		
☐ ◀ (Check if address is changed)		 	
	SIPUX CITY CITY ▲		STATE A ZIP CODE A
OMMITTEE'S E-MAIL ADDI	RESS		
(Check if address is changed)	[ιητο@ΗΑΝ\$ΟΝ4ΙΟΨΑ	4.СОМ	
	Optional Second E-Mail Ad [CYNDI@HANSON4IOV		
OMMITTEE'S WEB PAGE A	ADDRESS (IRI)		
(Check if address is changed)	and the same	kicomi i i i i i i i i i i	
CEES . Is changedy	Charles (Section 1) age		1
September 1984 September 1984	# # # # # # # # # # # # # # # # # # #	e de mestamba uyu	A residual de la company de la
2. DATE 04	24. 2018		en e
3. FEC IDENTIFICATION	NUMBER ▶ CO	0662957	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	d this Statement and to the bes	et of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	01/1/2014 1141/004		
Signature of Treasurer	Myndel	nes	Date 09 00 120 12
NOTE: Cubminsion of folian as		and authors the server declar	this Chalamant to the complian of 50 U.S.C. \$0000

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact: Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

5.	TYPE OF COMMITTEE			
Candidate Committee:				
	(a)	\boxtimes	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name Cand	_	[CYNDIHANSON , , , , , , , , , , , , , , , , , , ,	
	Cand Party	lidate Affiliatio	on REP Office State State President District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
-		e of - lidate		
	Parl	ty Com	imittee:	
	(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.	
	Political Action Committee (PAC):			
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization			
			Corporation Corporation w/o Capital Stock Labor Organization	
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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	it Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	

FEC ID number C

FEC ID number C

FEC ID number C

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FEC Form 1 (Revised 02/2009)

Committees Participating in Joint Fundraiser

3.

POPER MONTH ON THE PROMINENTS

FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Na	ime		
6. Name of Any Connecte	d Organization, Affiliated Committee, Join	t Fundraising Representative, or L	eadership PAC Sponsor
		<u> </u>	11111111
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
	. · · · · · · · · · · · · · · · · · · ·	=- 2	
Custodian of Records:	Identify by name, address (phone number	optional) and position of the perso	n in possession of committee
books and records.			
Full Name CYNF	DIHANSON		1
Mailing Address	PO BOX 3553		
Walling Address			
	sipux çity		5\102 -
		ا لـــــا الـــــــــــــــــــــــــــ	51104
Title or Position	CITY	STATE	ZIP CODE
TREASURER, ,		Telephone number [712]	- 535 - 4930
		iciopilone named	
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of	the treasurer of the committee; and	d the name and address of
	y., assistant neasurer).		
Full Name of Treasurer CYNE	DI HANSON	<u> </u>	
Mailing Address	РО ВОХ 3553	<u> </u>	
	<u> </u>	<u> </u>	
	SIPUX CITY		51,102 -
_	CITY	STATE	ZIP CODE
Title or Position		Telephone number 71,2	_ 535
1.		Telephone number	

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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	 of	

5/0\0	r(h) Joint Fundraising	Participant		
5(g) o	1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
			FEC ID number	
	4			
	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative, c	r Leadership PAC Sponsor
		<u></u>		
	Lilian		<u> </u>	
	Mailing Address			ليتبيينا
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			t Fundraising Representativ	
	connected	Organizationkiiiiated Committeejoin	nepresentativ	Leadership FAC Sponsor
	Designated Agent: Identify	by name, address (phone number - optional)		•
	Full Name			
₹ 3.	Mailing Address			لبيبييي
ا رئ				
			ليا ليا	البيا-لييا
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE A
	سسسسا		Telephone Number	لىسا-لىسا-لى
9.	Parks or Other Deposite	vice. List all healts or other depositories in which	the committee deposite	tundo holdo coccusto rosto
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	i ine committee deposits i	unas, noias accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
				ليبيبين
1		CITY A	STATE ▲	ZIP CODE ▲

Ms. Cynthia Hanson 2720 S Lemon St Sioux City, IA 51106

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999 E Street NW Federal Election Commiss Washington DC 20463





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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered		Date of Receipt	
[\	Postmarked	Date of Receipt	
USPS First Class Mail	9-24-18	10-11-18	
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USPS Priority Mail Expres	s	Postmarked	
Postmark Illegible			
No Postmark			
Overnight Delivery Service	e (Specify):	Shipping Date	
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Received from Electronic	Filing Office	Date of Receipt	
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orf.		10-11-18	
PREPARER (3/2015)		DATE PREPARED	
(5. 25 . 5)			