FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **IOWA FOUR** 600 FOURTH STREET ADDRESS (number and street) SUITE 340 (Check if address is changed) SIOUX CITY 51101 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christopher@rants.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00693861 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. RANTS, CHRISTOPHER, , , Type or Print Name of Treasurer RANTS, CHRISTOPHER, , , [Electronically Filed] 10 10 2019 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee N		
IOWA FOUR		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	E ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of th	e person in possession of committee
	TS, CHRISTOPHER, , ,	
Full Name	600 FOURTH STREET	
Mailing Address	SUITE 340	
	SIOUX CITY	51101
]
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
8. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the commit .g., assistant treasurer).	tee; and the name and address of
	S, CHRISTOPHER, , ,	
of Treasurer	600 FOURTH STREET	
Mailing Address		
	SUITE 340	
	SIOUX CITY	51101 - L
Title or Position	CITY STATE	ZIP CODE
INLAGURER	Telephone number	

1 LC 1 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank,		
Name of Bank, Mailing Address	CHAIN BRIDGE BANK	
	CHAIN BRIDGE BANK	
	CHAIN BRIDGE BANK	
	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE	ZIP CODE
	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	
Mailing Address Name of Bank,	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	
Mailing Address Name of Bank,	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

lowa Four 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.

Form/Schedule: Transaction ID: