

2010 JAN 28 PM 1:28

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LANGE FOR CONGRESS

ADDRESS (number and street) 606 13TH AVE NE

(Check if address is changed)

INDEPENDENCE GA 510644

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

treas@langeforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

langeforcongress.com

2. DATE 01 28 2010

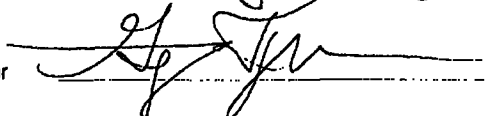
C0047463E
C To Be Assigned

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT 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 Greg R. Torgerson

Signature of Treasurer 

Date 01 28 2010

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	501 1-28				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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5. TYPE OF COMMITTEE

Candidate Committee:

CT-H CD-P

(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 candidate information below.)

Name of Candidate BENJAMIN MILCHNICK LANGRISH

Candidate Party Affiliation REP Office Sought: House Senate President State IA District 01

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (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 is a:

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

- 1. [] FEC ID number C
2. [] FEC ID number C
3. [] FEC ID number C
4. [] FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

GREG RAYMOND TORGERSION

Mailing Address

606 13TH AVENUE

[Empty grid lines for address continuation]

INDEPENDENCE IA 50644

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 319-361-1645

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

GREG RAYMOND TORGERSION

Mailing Address

606 13TH AVENUE

[Empty grid lines for address continuation]

INDEPENDENCE IA 50644

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 319-361-1645

10030231467

Full Name of Designated Agent

Kelly Ann Dolan LANGRISH

Mailing Address

1319 16th St SE

INDEPENDENCE

CITY

IA

STATE

50644-

ZIP CODE

Title or Position

Secretary

Telephone number

319-327-1306

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.

BANK TOWA

Mailing Address

231 1st St E

P.O. Box 229

INDEPENDENCE

CITY

IA

STATE

50644-

ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO

Mailing Address

1306 S Kimball Ave

WATERLOO

CITY

IA

STATE

50702-

ZIP CODE

10030231468

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
1/28/10

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 1/28/10
 PREPARER DATE PREPARED

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