Image# 27930301551

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typying, type over the lines

12FE4M5

**Iowa Friends of Rural Electrification - IAEC PAC**

ADDRESS (number and street) ▼

☐ (Check if address is changed)

**8525 Douglas Ave., Ste. 48**

**Urbandale**          **IA**          **50322** – 

CITY▲          STATE▲          ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**tcoonan@iowarec.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**5152767946**

2. DATE

M M **1 2** / D D **1 9** / Y Y Y Y **2 0 0 6**

3. **FEC IDENTIFICATION NUMBER**

**C** **C00076703**

4. IS THIS STATEMENT ☐ NEW (N) **OR** X 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          **Mr. Tim Coonan**

Signature of Treasurer          Electronically Filed by   **Mr. Tim Coonan**          Date   M M **0 3** / D D **1 6** / Y Y Y Y **2 0 0 7**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C.  S437g.

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 202-694-1100

**FEC FORM 1**
(Revised 02/2003)

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 candidate information below.)

Name of
Candidate

Candidate
Party Affiliation                        Office
Sought:        ☐ House        ☐ Senate        ☐ President                        State

District

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

Name of
Candidate

(d)    ☐    This committee is a                    (National, State                    (Democratic,
(or subordinate) committee of the                    Republican,etc.) Party.

(e)    ☒    This committee is a separate segregated fund

(f)    ☐    This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6.    **Name of Any Connected Organization or Affiliated Committee**

**Action Committee For Rural Electrification**

Mailing Address        **4301 Wilson Blvd.**

**Arlington**            **VA**        **22203** – **1860**

CITY▲                    STATE▲            ZIP CODE ▲

Relationship        **Affiliated**

Type of Connected Organization:

☒    Corporation                ☐    Corporation w/o Capital Stock            ☐    Labor Organization

☐    Membership Organization        ☐    Trade Association            ☐    Cooperative

Write or Type Committee Name

### Iowa Friends of Rural Electrification - IAEC PAC

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      **Mr. Tim Coonan**

Mailing Address        **4316 Harwood Drive**

**Des Moines**                          **IA**          **50312** – _____

Title or Position ▼                              CITY ▲                          STATE▲                  ZIP CODE ▲

**Treasurer**                          Telephone number  **515** – **276** – **5350**

Full Name of
Designated
Agent            **Mr. Tim Coonan**

Mailing Address        **4316 Harwood Drive**

**Des Moines**                          **IA**          **50312** – _____

Title or Position ▼                              CITY ▲                          STATE▲                  ZIP CODE ▲

**Treasurer**                          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.

    **Wells Fargo Bank, N.A.**

Mailing Address     **666 Walnut Street**


                    **Des Moines**                                    **IA**              **50309** –

                                   CITY △                          STATE △              ZIP CODE   △

**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.                                                         **[ ADDITIONAL ]**

Mailing Address

|  | CITY △ | STATE △ | ZIP CODE △ |
|---|---|---|---|

**Name of Any Connected Organization or Affiliated Committee**                          **[ ADDITIONAL ]**

**Iowa Association of Electric Cooperative**

Mailing Address   **8525 Douglas**

**Suite 48**

| **Des Moines** | **IA** | **50322** – |
|---|---|---|
| CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Relationship   **Connected**

Type of Connected Organization:

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

**Designated Agent**                                                                 **[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼                          CITY ▲                          STATE▲          ZIP CODE ▲

Telephone number