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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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

HANSON FOR CONGRESS COMMITTEE

ADDRESS (number and street) P.O. BOX 783

(Check if address is changed)

KEARNEY NE 68848-0783

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@hansonforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL) hansonforcongress.com

COMMITTEE'S FAX NUMBER 308-338-9136

2. DATE 06 21 2005

3. FEC IDENTIFICATION NUMBER C

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 Todd Brown

Signature of Treasurer  Date 06 21 2005

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.

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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 JOHN HANSON

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NE District 03

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

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, 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

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_

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

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

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 KEITH BECKER

Mailing Address P.O. BOX 783

KEARNEY NE 68848-0783

Title or Position CITY STATE ZIP CODE

CAMPAIGN MANAGER

Telephone number 308-338-9136

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 TODD BROWN

Mailing Address P.O. BOX 783

KEARNEY NE 68848-0783

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent KYLE HANSON

Mailing Address P.O. BOX 783

KEARNEY NE 68848-0783

Title or Position CITY STATE ZIP CODE

ASST. TREASURER

Telephone number

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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.

NEBRASKA NATIONAL BANK

Mailing Address

3110 SECOND AVE.

KEARNEY NE 68847-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ke*  
 PREPARER  
 (3/2005)

*6-23-05*  
 DATE PREPARED

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