

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2019 MAY 31 AM 9:31

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 4 2015

HANSEN FOR CONGRESS

ADDRESS (number and street)

3499 LOCUST ROAD

(Check if address is changed)

DECORAH

CITY

IA

STATE

52101

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tomh501@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.hansenforcongress.com

2. DATE

05 / 15 / 2019

3. FEC IDENTIFICATION NUMBER

C/HOIA01182

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

THOMAS HANSEN

Signature of Treasurer

Thomas Hansen

Date

05 / 25 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate T. THOMAS HANSEN

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/e 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** _____

20090210 10:00 AM

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

THOMAS HANSEN

Mailing Address

3469 LOCUST ROAD

DECORAH

DECORAH

IA

52101

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

563

419

1496

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

THOMAS HANSEN

Mailing Address

3469 LOCUST ROAD

DECORAH

IA

52101

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

563

419

1496

2025 RELEASE UNDER E.O. 14176

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

DECORAH BANK AND TRUST COMPANY

Mailing Address

202 EAST WATER STREET

[Empty grid for Mailing Address line 2]

DECORAH IA 52101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

NONPROFIT CORPORATION

5(g) or (h): **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number. **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number = optional)**

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

20170201 10:00 AM



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Federal Election Commission
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Next Business Day Delivery

Date of Receipt

Received from House Records & Registration Office

Date of Receipt

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Date of Receipt

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Date of Receipt or Postmarked

Other (Specify):

ES

5/31/19

PREPARER

DATE PREPARED

(3/2015)

NON-FEDERAL ELECTION DOCUMENT