

**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

ABSOLUTE ENERGY PAC

ADDRESS (number and street)

1372 STATE LINE ROAD

☐(Check if address  
is changed)

ST. ANSGAR

CITY ▲

IA

STATE ▲

50472

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒(Check if address  
is changed)

ABSENERGY@HOTMAIL.COM

Optional Second E-Mail Address

betty.j@absenergy.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
02 / 13 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00455048

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 Christianson, Bradley, , ,

Signature of Treasurer Christianson, Bradley, , ,

Date

MM / DD / YYYY  
02 / 13 / 2024

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

C

Write or Type Committee Name

## ABSOLUTE ENERGY PAC

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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 Johnson, Betty, , ,

Mailing Address 1372 State Line Road

St. Ansgar

IA

50472

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Office Manager

Telephone number 641 - 326 - 2220

## 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 Christianson, Bradley, , ,

Mailing Address 1372 State Line Road

SAINT ANSGAR

IA

50472

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number 641 - 326 - 2220

Full Name of  
Designated  
Agent

Johnson, Betty, , ,

Mailing Address

1372 State Line Road

St. Ansgar

IA

50472

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

641

326

2220

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.

Home Federal Savings Bank

Mailing Address

1016 Civic Center Dr, Ste 300

Rochester

MN

55901

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 Christianson, Bradley, , , \_\_\_\_\_

Mailing Address 1372 State Line Road \_\_\_\_\_

\_\_\_\_\_  
St. Ansgar IA 50472 \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_  
Telephone Number 641 - 326 - 2220

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 ▲