

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 AUG 25 P 12:06

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

ROY NIELSEN FOR CONGRESS COMMITTEE

ADDRESS (number and street)

4829 JACKSON AVE

(Check if address  
is changed)

PO BOX 101

ORANGE CITY

IA

51041

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

treasurer@vote.royforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.vote.royforcongress.com

COMMITTEE'S FAX NUMBER

712-234-1222

2. DATE

08 24 2006

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

NEW (N)

OR

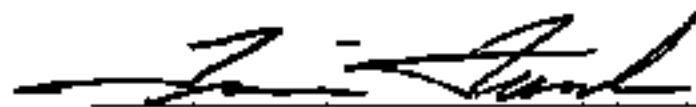
AMENDED (A)

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

Timm Funk

Signature of Treasurer



Date

08 24 2006

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

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

ROY NIELSEN

Candidate Party Affiliation

IND

Office Sought:

☒

House

☐ Senate☐ President

State

IA

District

05

- (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

Write or Type Committee Name

**Roy Nielsen for Congress Committee**

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 ▲

**TREASURER**

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**TREASURER**

Telephone number

Full Name of  
Designated  
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**ASSISTANT 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.

**NORTHWESTERN BANK**

Mailing Address

**122 CENTRAL AVENUE NW**

**ORANGE CITY**

**IA**

**51041**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

|                                                                                  |                                                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked                                          |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                                          |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                                     |
| <input checked="" type="checkbox"/> USPS Express Mail                            | Postmarked<br><i>8/24/06</i>                        |
| <input type="checkbox"/> Postmark Illegible                                      |                                                     |
| <input type="checkbox"/> No Postmark                                             |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                       |
|                                                                                  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked                       |

*[Signature]*  
PREPARER  
(3/2005)

*8/25/06*  
DATE PREPARED

25039172733