FEC

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hans Tinsley for Congress 124 S. Redwood Dr ADDRESS (number and street) (Check if address is changed) Mankato 56001 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS anewamericana@gmail.com (Check if address is changed) Optional Second E-Mail Address hans.tinsley@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.anewamericana.com (Check if address is changed) DATE 20 2019 C00707190 FEC IDENTIFICATION NUMBER > 3. 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. Tinsley, Hans, Gabriel, , Type or Print Name of Treasurer Tinsley, Hans, Gabriel, , [Electronically Filed] 05 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

l	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	lidate	Tinsley, Hans, Gabriel, ,	
	lidate ⁄ Affiliati	tion UN Sought: X House Senate President	State MN District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	mmittee:	
(d)			nocratic, Iblican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a
		Corporation Corporation w/o Capital Stock Lab	oor Organization
		Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	5.		
	4.		

FEC Form 1 (Revi	ised 02/2009)	Page 3
Write or Type Committee N		- 0
Hans Tinslev	for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
ag / taa. eee		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name any designated agent (e)	e and address (phone number optional) of the treasurer of the committee; and t e.g., assistant treasurer).	he name and address of
Full Name Tinsle of Treasurer	ey, Hans, Gabriel, ,	
Mailing Address	124 S. Redwood Dr	
	Mankato MN 560	001
Title or Position	CITY STATE	ZIP CODE
	Telephone number 612	- 790 - 3591

FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Navy Federal Credit Union	1 1 1 1 1 1 1 1 1
safety deposit be	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield VA 22119	
safety deposit be Name of Bank,	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield VA 22119	
safety deposit be Name of Bank,	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield VA 22119	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield CITY STATE	
Name of Bank, Name of Bank, Name of Bank,	Depository, etc. Navy Federal Credit Union PO Box 3000 Merrifield CITY STATE	