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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lange for Congress 2012 P.O. Box 389 ADDRESS (number and street) (Check if address is changed) Independence 50644 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treas@langeforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.langeforcongress.com (Check if address is changed) DATE 2012 C00510529 FEC IDENTIFICATION NUMBER > 3. X 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. Greg R. Torgerson Type or Print Name of Treasurer Greg R. Torgerson [Electronically Filed] 10 02 2012 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

F	EC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	COMMITTEE	
Can	didate	e Committee:	
(a)	X	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. (Comple information below.)	te the candidate
Name Cand		Ben Lange	
Cand	lidate Affiliati	on REP Office X House Senate President	State
raity	Allillati	ion REP Sought: X House Senate President	District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, publican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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 Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Lange for Cong	ress 2012	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Young Guns 2012 Rou Mailing Address		ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lea	adership PAC Sponsor
<ul> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Greg R. To Full Name  Mailing Address	orgerson  606 13th Ave. NE  Independence  IA  50644	
Title or Position	CITY STATE	ZIP CODE
Treasurer		361   -   1645
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name Greg R. To Greasurer  Mailing Address	orgerson  606 13th Ave. NE	
	Independence IA 50644	
Title or Position Treasurer		ZIP CODE  361   -   1645

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Full Name of Designated Agent	Kelly Dolan Lange	
Mailing Address	319 6th St. SE	
	Independence IA 50644	
Fitle or Position	CITY STATE	ZIP CODE
Secretary		327 - 1306
eatatu danacit ha		
Name of Bank, [	Depository, etc.    Banklowa	
Name of Bank, [	Depository, etc.	
	Depository, etc.  Banklowa	
Name of Bank, [	Depository, etc.  Banklowa  230 1st St. E	1 1
Name of Bank, [	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229	zip code
Name of Bank, [	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229  Independence  IA  STATE	
Name of Bank, [	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229  Independence  IA  STATE	
Name of Bank, [	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229  Independence  IA  STATE  Depository, etc.	
Name of Bank, [Mailing Address	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229  Independence  CITY  STATE  Depository, etc.  BB&T  1909 K Street NW	ZIP CODE
Name of Bank, [Mailing Address	Depository, etc.  Banklowa  230 1st St. E  P.O. Box 229  Independence  IA  STATE  Depository, etc.	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor National Security Victory Committee 228 S. Washington Street Mailing Address Suite 115 22314 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number