| Image#              | 2024070 | 1965254 | 7911 |
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| innayo <del>n</del> | 2024070 | 1000204 | 1011 |

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PAGE 1 / 7 -

| STATEMENT | OF  |
|-----------|-----|
| ORGANIZAT | ION |

| FEC<br>FORM 1                     | STATEMEN<br>ORGANIZA                             |  |                     | PAGE 1 / 7 ——                   |
|-----------------------------------|--|--|---------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (in full) | (Check if name is changed)                       | Example: If typing, type over the lines.   | 12FE4M5             |                                 |
| Christina Bohanna                 | n for Congress                                   |  |                     |                                 |
|                                   |  |  |                     |                                 |
| ADDRESS (number and street)       | P.O. Box 722                                     |  |                     |                                 |
| (Check if address is changed)     |  |  |                     |                                 |
|                                   | lowa City<br>└ │ │ │ │ │ │ │ │ │ │ │ │<br>CITY ▲ |  | LIA L52<br>STATE ▲  | 2244<br>                        |
| COMMITTEE'S E-MAIL ADDRE          | ESS  |  |                     |                                 |
| (Check if address is changed)     | Info@bohannanforcongress                         | .com   |                     |                                 |
| <i>,</i>                          | Optional Second E-Mail Adc                       |  |                     |                                 |
| COMMITTEE'S WEB PAGE AD           | DRESS (URL)                                      | om<br>   |                     |                                 |
| 2. DATE 07 C                      | )1 / Y Y Y Y<br>2024                             |  |                     |                                 |
| 3. FEC IDENTIFICATION N           | UMBER ► C cc                                     | 00787820   |                     |                                 |
| 4. IS THIS STATEMENT              | NEW (N) OR                                       | × AMENDED (A)  |                     |                                 |
| I certify that I have examined t  | this Statement and to the best                   | of my knowledge and belief it i  | is true, correct an | d complete.                     |
| Type or Print Name of Treasure    | er Fiihr, Jennifer, , ,                          |  |                     |                                 |
| Signature of Treasurer Fiihr      | r, Jennifer, , ,                                 |  | Date 07             | / D D / Y Y Y Y<br>01 2024      |
| NOTE: Submission of false, error  |  | may subject the person signing th<br>FION SHOULD BE REPORTED V   |                     | e penalties of 52 U.S.C. §3010  |
| Office<br>Use<br>Only             |  | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                     | FEC FORM 1<br>(Revised 06/2012) |

| EC Form 1 (Revised 03/2022)  | Page <b>2</b>           |
|--|-------------------------|
| TYPE OF COMMITTEE:   |                         |
| Candidate 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. (Complete information below.)                      | the candidate           |
| Name of Bohannan, Christina, , , Candidate   |                         |
| Candidate Office Sought: X House Senate President  | State IA                |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District 01             |
| Name of<br>Candidate   |                         |
| Party Committee:   (National, State or subordinate) committee of the   (Democra Republication)   | tic,<br>in, etc.) Party |
| Political Action Committee (PAC):  |                         |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                 | ted organization is a:  |
| Corporation Corporation w/o Capital Stock Labor  | Organization            |
| Membership Organization Trade Association Coope  | erative                 |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                         |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ted 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.)   |                         |
| (g) This committee is an independent expenditure-only political committee (Super PAC).   |                         |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                         |

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) 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.
(j) 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.
2.

|    | FEC Form 1 (Revised (        | 02/2009)                |     |       |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    | Pa | ge  | 3  |     |  |
|----|------------------------------|-------------------------|-----|-------|------------|------|------|-----|------|-----|-----|----|----|-----|------|-----|----|----|---------|------|------|----|----|-----|----|-----|--|
| ۷  | Vrite or Type Committee Name |                         |     |       |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
|    | Christina Bohan              | nan for Congi           | res | S     |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
| 6. | Name of Any Connected O      | rganization, Affiliated | Com | mitte | ee, .      | Joir | nt F | une | drai | sin | g R | ер | es | ent | ativ | /e, | or | Le | ad      | lers | shij | ρΡ | AC | Sp  | on | sor |  |
|    | Bohannan Victory Fu          | und 2024                |     |       | <u>   </u> |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
|    |                              |                         |     |       |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
|    | Mailing Address              | 5825 Waterbury Circle   |     |       |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
|    |                              |                         |     |       |            |      |      |     |      |     |     |    |    |     |      |     |    |    |         |      |      |    |    |     |    |     |  |
|    |                              | Des Moines              |     |       |            |      |      |     |      |     |     |    |    | IA  |      |     |    | 5  | 03′<br> | 12   |      |    |    | - [ |    |     |  |

| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee |
|----|---|

STATE **▲** 

× Joint Fundraising Representative

ZIP CODE 🔺

Leadership PAC Sponsor

CITY **▲** 

Affiliated Organization

books and records.

Connected Organization

Relationship:

| Fiihr, Jenni<br>Full Name | ifer, , ,                     |
|---------------------------|-------------------------------|
| Mailing Address           | 5825 Waterbury Circle         |
|                           |                               |
|                           | Des Moines     IA     50312   |
|                           | CITY ▲ STATE ▲ ZIP CODE ▲     |
| Title or Position ▼       |                               |
| Treasurer                 | Telephone number 515 229 3238 |

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         | Fiihr, Jennifer, , ,  |
|-------------------|---|
| of Treasurer      |   |
| Mailing Address   | 5825 Waterbury Circle   |
|                   |   |
|                   | Des Moines     IA     50312       Image: I |
|                   | CITY ▲ STATE ▲ ZIP CODE ▲   |
| Title or Position | 7   |
| Treasurer         | Image: Telephone number 515 229 - 3238  |

| FEC Form 1 (Revised 02              | 2/2009)          | Page <b>4</b> |
|-------------------------------------|------------------|---------------|
| Full Name of<br>Designated<br>Agent |                  |               |
| Mailing Address                     |                  |               |
|                                     |                  |               |
|                                     |                  |               |
|                                     | CITY ▲ STATE ▲ Z |               |
| Title or Position ▼                 |                  |               |
|                                     | 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.

|                 | MidwestOne Bank                     |          |          |
|-----------------|-------------------------------------|----------|----------|
| Mailing Address | 102 South Clinton Street            |          |          |
|                 |                                     |          |          |
|                 | lowa City                           | IA 52240 |          |
|                 | CITY 🔺                              | STATE A  | ZIP CODE |
| Name of Bank, D | epository, etc.<br>Amalgamated Bank |          |          |
| Mailing Address | 1825 K Street NW                    |          |          |
|                 |                                     |          |          |
|                 | Washington                          | DC 20006 |          |
|                 | CITY A                              | STATE A  | ZIP CODE |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 1  |                  |                       |                |               |            |           |           |
|--|------------------|-----------------------|----------------|---------------|------------|-----------|-----------|
| 1.   |                  |                       | FEC            | ID number     | С          |           |           |
| 2.   |                  |                       | FEC            | ID number     | С          |           |           |
| 3.   |                  |                       | FEC            | ID number     | С          |           |           |
| 4.   |                  |                       | FEC            | ID number     | С          |           |           |
|  | 0                |                       |                |               |            |           |           |
| ame of Any Connected<br>314 ACTION IMPACT                              | -                | ated Committee, Joint | Fundraising H  | epresentativo | e, or Leac | iersnip P | AC Spon   |
|  |                  |                       |                |               |            |           |           |
|  |                  |                       |                |               |            |           |           |
| Mailing Address  | PO BOX 14560     |                       |                |               |            |           |           |
|  |                  |                       |                |               |            |           |           |
|  | WASHINGTON       |                       | 1              |               | 2004       | 14        | _  _      |
|  |                  |                       |                |               |            |           |           |
| Relationship:  |                  | CITY 🔺                |                | STATE A       |            | ZIP C     | ODE 🔺     |
| Connected<br>esignated Agent: Identify                                 |                  | Affiliated Committee  | Joint Fundrais |               | ative      |           | ODE ▲     |
| Connected  |                  | Affiliated Committee  |                |               | ative      |           |           |
| Connected<br>esignated Agent: Identify                                 |                  | Affiliated Committee  |                |               | ative      |           |           |
| Connected  |                  | Affiliated Committee  |                |               | ative      |           |           |
| Connected  |                  | Affiliated Committee  |                |               | ative      |           |           |
| Connected  | by name, address | Affiliated Committee  |                |               | ative      |           | ip PAC Sp |
| Connected<br>esignated Agent: Identify<br>Full Name<br>Mailing Address | by name, address | Affiliated Committee  |                | Ing Represent | ative      |           | ip PAC Sp |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

|         |                 |                |                          | 1            |                       | С             |                    |
|---------|-----------------|----------------|--------------------------|--------------|-----------------------|---------------|--------------------|
| 1.      |                 |                |                          |              | FEC ID number         |               |                    |
| 2.      |                 |                |                          |              | FEC ID number         | С             |                    |
| 3.      |                 |                |                          |              | FEC ID number         | С             |                    |
| 4.      |                 |                |                          |              | FEC ID number         | С             |                    |
| Name of | f Any Connected | Organization,  | Affiliated Committee, Jo | oint Fundrai | sing Representativ    | e, or Leaders | hip PAC Sponsor    |
| NADI    |                 |                |                          |              |                       |               |                    |
|         |                 |                |                          |              |                       |               |                    |
| Ma      | iling Address   | 200 WEST 7     | 79TH STREET, #8N         |              |                       |               |                    |
|         |                 |                |                          |              |                       |               |                    |
|         |                 |                |                          |              |                       | 10024         |                    |
| Re      | lationship:     |                | CITY 🔺                   |              | STATE A               | 2             |                    |
|         | Connected       | d Organization | Affiliated Committee     | × Joint F    | undraising Representa | ative         | adership PAC Spons |
| Full    | Name            |                |                          |              |                       |               |                    |
| Maili   | ng Address      | 1              |                          |              |                       |               |                    |
|         |                 | 1              |                          |              |                       |               |                    |
|         |                 |                |                          |              |                       |               |                    |
|         |                 |                |                          |              |                       |               |                    |
|         |                 |                |                          |              |                       |               |                    |
| ТІТІ    | LE OR POSITION  |                |                          |              | STATE ▲               | ZII           |                    |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

|              |                                    | Participant:                      |                     |                 |                                       |
|--------------|------------------------------------|-----------------------------------|---------------------|-----------------|---------------------------------------|
| 1. 🗋         |                                    |                                   | F                   | EC ID number    | С                                     |
| 2.           |                                    |                                   | F                   | EC ID number    | С                                     |
| з. 🗌         |                                    |                                   | F                   | EC ID number    | С                                     |
| 4.           |                                    |                                   | F                   | EC ID number    | С                                     |
|              |                                    |                                   |                     |                 |                                       |
| Name o       | f Any Connected C                  | rganization, Affiliated Committee | e, Joint Fundraisin | g Representativ | e, or Leadership PAC Sponsor          |
| DEM          |                                    |                                   |                     |                 |                                       |
|              |                                    |                                   |                     |                 |                                       |
| N.A.         | ailing Address                     | 600 PENNSYLVANIA AVE SE #15       | 180                 |                 |                                       |
| IVI          | aming Address                      |                                   |                     |                 |                                       |
|              |                                    |                                   |                     |                 | 20003                                 |
| -            |                                    |                                   |                     |                 |                                       |
| Re           | elationship:                       | CITY 🔺                            |                     | STATE 🔺         | ZIP CODE                              |
| Designa      | ted Agent: Identify                | by name, address (phone number    | - optional)         |                 |                                       |
|              | ted Agent: Identify                | by name, address (phone number    | - optional)         |                 |                                       |
| Full         | Name                               | by name, address (phone number    | - optional)         |                 |                                       |
| Full         |                                    | by name, address (phone number    | - optional)         |                 |                                       |
| Full         | Name                               | by name, address (phone number    | - optional)         |                 |                                       |
| Full<br>Mail | Name <u>       </u><br>ing Address |                                   |                     |                 |                                       |
| Full<br>Mail | Name                               |                                   |                     | STATE ▲         | · · · · · · · · · · · · · · · · · · · |