06/27/2024 09 : 40

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEM ORGAN						Offic	e Use Or	PAGE	1/7 <b>—</b>
1. NAME OF COMMITTEE (in f	full)	(Check if name is changed)		nple:If typing, the lines.	, type	12F	E4M5	-		,	
	annan	for Congress									
ADDRESS (number and	I street)	P.O. Box 722									
(Check if ad is changed)	ldress										
		Iowa City			1	IA	1	52244	1	_	1
		CITY ▲				STATI			ZI	P CODE	
COMMITTEE'S E-MAIL	L ADDRES	S									
(Check if ad is changed)	ldress	Info@bohannanforcon	gress.com								
		Optional Second E-Mai				1 1	1 1	1 1		1 1	1
COMMITTEE'S WEB F (Check if ad is changed)		RESS (URL)	ess.com					 			
2. DATE 06	/ D []	2024									
3. FEC IDENTIFICA	TION NU	MBER ► C	C00787820	)							
4. IS THIS STATEME		NEW (N) OF	a ×	AMENDE	ED (A)						
I certify that I have exa	amined this	s Statement and to the	best of my k	nowledge and	d belief it	is true,	correct	and c	omplete	).	
Type or Print Name of	Treasurer	Fiihr, Jennifer, , ,									
Signature of Treasurer	Fiihr, J	lennifer, , ,				Date	06	M /	27		9 9 9 9 2024
NOTE: Submission of fa	lse, erroneo	ous, or incomplete informa ANY CHANGE IN INFO							enalties	of 52 U.S	S.C. §30109
Office Use Only				For further info Federal Election Toll Free 800-42 Local 202-694-1	n Commissio 24-9530				-	ORM 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 t information below.)	the candidate
Name of Bohannan, Christina, , , Candidate	
Candidate Party Affiliation DEM Office Sought: X House Senate President	State IA District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate       Image: Committee:         (d)       This committee is a       (National, State or subordinate) committee of the       Image: Committee of the	tic, n, 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	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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.

Г

	FEC Form 1 (Revised	02/2009)																			Pag	je <b>3</b>		
١	Write or Type Committee Nam	e																						
	Christina Bohar	nnan for Congr	ess	5																				
6.	Name of Any Connected	Organization, Affiliated	Com	mitte	ee, J	loint	t Fu	ndra	isir	ng F	Rep	res	ent	ativ	e, c	or L	eac	der	shij	ЪP	AC	Spc	ons	or
	Bohannan Victory F	und 2024											1											
	Mailing Address	5825 Waterbury Circle																						
						I														1	1			

Des Moines			IA	50312
	CITY 🔺		STATE A	ZIP CODE
Relationship: Connected Organization	Affiliated Organization	X Joint Fundraising	g Representative	e 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.

Fiihr, Je	ennifer, , ,
Full Name	
Mailing Address	5825 Waterbury Circle
	[ + + + + + + + + + + + + + + + + + + +
	Des Moines         IA         50312           Image: I
	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 of Treasurer	Fiihr, Jennifer, , ,
Mailing Address	5825 Waterbury Circle
	Des Moines         IA         50312
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1 (Revised 0	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A 2	ZIP CODE 🔺
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		
		STATE A	ZIP CODE
Name of Bank, I	Pepository, etc. Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 20006	
	CITY 🔺	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 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		Affiliated Committee	Joint Fundrais		ative		ODE ▲
Connected		Affiliated Committee			ative		
Connected		Affiliated Committee			ative		
Connected		Affiliated Committee			ative		
Connected		Affiliated Committee			ative		
Connected	by name, address	Affiliated Committee			ative		ip PAC Sp
Connected esignated Agent: Identify Full Name 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	X 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

5(g) or (h)	Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
		· · · · · · · · · · · · · · · · · · ·		
6. Nar	me of Any Connected (	Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	600 PENNSYLVANIA AVE SE		
	5	#15180		· · · · · · · · · · · · · · ·
		WASHINGTON		20003
	Relationship:		STATE ▲	
	Connected		undraising Representa	
	Connected		undraiding nepresenta	
8. <b>Des</b>	signated Agent: Identify	by name, address (phone number - optional)		
	signated Agent: Identify	by name, address (phone number – optional)		
	Full Name	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name			
	Full Name			· · · · · · · · · · · · · · · · · · ·
	Full Name			· · · · · · · · · · · · · · · · · · ·
	Full Name	CITY   Tele	phone Number	
9. <b>Ba</b> r	Full Name	CITY  CITY  Tele	phone Number	
9. <b>Bar</b> safe	Full Name Mailing Address TITLE OR POSITION	CITY  CITY  Tele	phone Number	
9. <b>Bar</b> safe Nan	Full Name	CITY A CITY Tele	phone Number	
9. <b>Bar</b> safe Nan	Full Name Mailing Address TITLE OR POSITION	CITY A CITY Tele	phone Number	s funds, holds accounts, rents
9. <b>Bar</b> safe Nan	Full Name Mailing Address TITLE OR POSITION hts or Other Depositor ety deposit boxes or mai me of Bank, pository, etc	CITY  CITY  Tele	phone Number	s funds, holds accounts, rents

L

STATE 🔺

ZIP CODE

1 I