Image# 12950232209 PAGE 1 / 5

FEC FORM 1			TATEN RGAN							O#:	Usa Os	h		
1. NAME OF COMMITTEE (in	,	is	Check if name changed)		Example:	lines.			E4M5		Use On	<u>y</u>		
Herzog Co		<u> </u>			ai ACI	ion C	OM		e 					
ADDRESS (number a	nd street)	330 Enci	nitas Blvd., S	te. 101										
X (Check if ac is changed)		Encinita	s 					CA		92024		<u></u>		
				CIT	Υ			STATE	≣		ZIP	CODE		
COMMITTEE'S E-MA		•	provide only n@thinkcpa.c		ail address	s) 						<u> </u>		
X (Check if is change														
COMMITTEE'S WEB	PAGE ADI	DRESS (UF	RL)											
(Check if														
is change	d)													
2. DATE 01	M / D 27	D / Y	2012											
3. FEC IDENTIFIC	CATION NU	JMBER	C	C003	91979	-								
4. IS THIS STATE	MENT	NEW	(N) O	R	×	AMENDE	ED (A)							
I certify that I have e	examined th	is Stateme	nt and to the	e best of	my knowi	ledge and	d belief i	it is true,	correc	t and co	omplete			
Type or Print Name	of Treasurer	Michael	Rogers											
Signature of Treasure	<i>Michael</i> er	Rogers			[Elec	ctronically	Filed]	Date	01	M /	26	/ Y	2012	2
NOTE: Submission of			omplete inform GE IN INFOF								nalties o	f 2 U.S	3.C. §	437g.
Office					For f	urther info	ormation of	contact:		FI	FC F			

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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F	FC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i uyo 🚣
Can	didate	Committee:	
(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. (Con information below.)	nplete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee No		
Herzog Contra	acting Corp. Political Action Committee	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Herzog Contracting	Corp.	
Mailing Address	600 S. Riverside Rd.	
Ü		
	St. Joseph MO 645	07
	CITY STATE	ZIP CODE
Relationship: X Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	1 possession of committee
	Stephen	
Full Name	,330 Encinitas Blvd., Ste. 101	
Mailing Address		
	Encinitas CA 920	24
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 760	3600
8. Treasurer: List the name any designated agent (e.g.	e and address (phone number optional) of the treasurer of the committee; and th g., assistant treasurer).	e name and address of
Full Name Michae of Treasurer	el W. Rogers	
Mailing Address	3760 Kilroy Airport Way, Suite 120	
	Long Beach CA 908	06
Title or Position	CITY STATE	ZIP CODE
Treasurer	562	_ 595 _ 7414

TECTOM T (No	evised 02/2009)	Page 4
Full Name of Designated Art Va Agent	an Meter	
Mailing Address	600 S. Riverside Rd.	
	St. Joseph CITY STATE	ZIP CODE
Title or Position Assistant Treasurer		816 233 9001
safety deposit boxes or Name of Bank, Deposit	ory, etc.	
Name of Bank, Deposito	maintains funds.	
Name of Bank, Deposito	maintains funds. ory, etc.	
Name of Bank, Deposite	maintains funds. ory, etc. B Bank	
Name of Bank, Deposite	maintains funds. ory, etc. B Bank	64507
Name of Bank, Deposite	maintains funds. ory, etc. B Bank 3601 Mitchell Ave.	64507
Name of Bank, Deposite	maintains funds. ory, etc. B Bank 3601 Mitchell Ave. St. Joseph CITY STATE	
Name of Bank, Deposite UM Mailing Address	maintains funds. ory, etc. B Bank 3601 Mitchell Ave. St. Joseph CITY STATE ory, etc.	
Name of Bank, Deposite Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. B Bank 3601 Mitchell Ave. St. Joseph CITY STATE ory, etc.	
Name of Bank, Deposite UMI Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. B Bank 3601 Mitchell Ave. St. Joseph CITY STATE ory, etc.	
Name of Bank, Deposite UMI Mailing Address Name of Bank, Deposite	maintains funds. ory, etc. B Bank 3601 Mitchell Ave. St. Joseph CITY STATE ory, etc.	

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: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amend to change committee's address, email address, treasurer, and assistant treasurer

Form/Schedule: Transaction ID: