

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

THE HAWKEYE PAC

ADDRESS (number and street) PO Box 156
 (Check if address is changed)
DES MOINES IA 50301
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) tkabrick@gmail.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 05 / 06 / 2015

3. FEC IDENTIFICATION NUMBER C C00379479

4. 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.

Type or Print Name of Treasurer Erik Kristoffer Bonstrom

Signature of Treasurer Erik Kristoffer Bonstrom [Electronically Filed] Date 06 / 11 / 2015

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.

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

THE HAWKEYE PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CHARLES E GRASSLEY

Mailing Address

PO Box 1000

DES MOINES

IA

50304

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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.

Full Name Travis Kabrick

Mailing Address 673 Kingfisher Ln

Unit F

Woodbury

MN

55125

Title or Position

CITY

STATE

ZIP CODE

Telephone number 651 - 587 - 8379

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 Erik Kristoffer Bonstrom

Mailing Address 4200 University Ave Suite 410

West Des Moines

IA

50266

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 515 - 222 - 5680

Full Name of Designated Agent

[Empty form field for Full Name of Designated Agent]

Mailing Address

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

[Empty form field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty form field for Title or Position]

Telephone number

[Empty form field for 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.

Bankers Trust Company

[Form field for Bankers Trust Company]

Mailing Address

PO Box 897

[Empty form field for Mailing Address]

Des Moines IA 50304

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Wachovia Bank

[Form field for Wachovia Bank]

Mailing Address

100 North Main St

[Empty form field for Mailing Address]

Winston-Salem NC 27150

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GRASSLEY HAWKEYE FUND

Mailing Address

PO BOX 25132

ST PAUL MN 55125
_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____