FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
14 MAY -5 PM 3:32
Office Use Only

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

Bob Quast for Term Limits, Inc.

ADDRESS (number and street) P O Box 8

☐ (Check if address is changed)

Davenport | IA | 52805 -

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Bob@BobQ2014.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.BobQ2014.com

☐ (Check if address is changed)

2. DATE 04 M / 29 D / 2014 Y

3. FEC IDENTIFICATION NUMBER C

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 Michael J. Roelens, Sr.

Signature of Treasurer

Date 04 M / 29 D / 2014 Y

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2009)

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