

FEC FORM 1

STATEMENT OF ORGANIZATION

14 SEP -8 PM 1:39

Office Use Only

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

Braley for Iowa

ADDRESS (number and street) PO Box 856

[] (Check if address is changed)

Des Moines IA 50304 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[] (Check if address is changed) chc02@mchsi.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed) http://www.brucebraley.com

2. DATE 09 / 04 / 2014

3. FEC IDENTIFICATION NUMBER C C00541417

4. IS THIS STATEMENT [X] 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 Theresa L Kehoe

Signature of Treasurer Theresa L Kehoe [Signature] Date 09 / 04 / 2014

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.

Table with 5 columns for Office Use Only

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

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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 Bruce L Braley

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

- (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.	Braley Senate Victory: Georgia Iowa 120 Maryland Ave NE Washington, DC 20002	FEC ID number	C00548388
2.	Secure our Senate 600 Penn Ave SE #210 Washington, DC 20010	FEC ID number	C00565903
3.	Braley Victory Fund 2813 Virginia Place Des Moines, IA 50321	FEC ID number	C00553305
4.	Green Senate 2014 600 Penn Ave SE #210 Washington, DC 20003	FEC ID number	C00553172

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Write or Type Committee Name

Braley for Iowa

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

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 Theresa L Kehoe

Mailing Address 2813 Virginia Place

[Empty grid lines for address continuation]

Des Moines IA 50321

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 515 - 210 - 5422

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 Theresa L Kehoe

Mailing Address 2813 Virginia Place

[Empty grid lines for address continuation]

Des Moines IA 50321

Title or Position Treasurer

CITY

STATE

ZIP CODE

[Empty grid lines for treasurer name]

Telephone number 515 - 210 - 5422

14026694086

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid 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.

Veridian Credit Union

[Empty grid for Veridian Credit Union name]

Mailing Address

1827 Ansborough Ave

[Empty grid for Mailing Address line 2]

Waterloo IA 50701

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

RW Baird & Co.

[Empty grid for RW Baird & Co. name]

Mailing Address

4500 Westown Pkwy

Regency West 5, Suite 201

West Des Moines IA 50266

CITY

STATE

ZIP CODE

14020694087

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

9-8-14

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

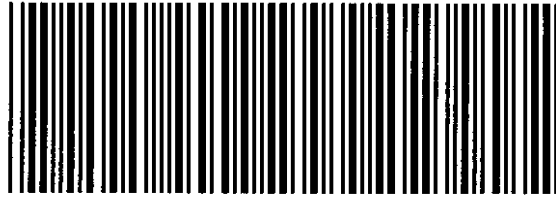
PREPARER

DH

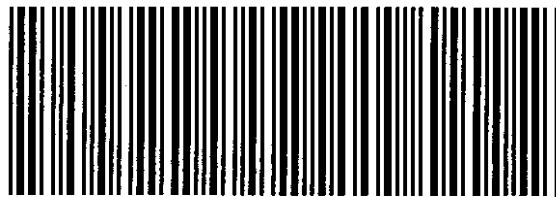
DATE PREPARED

9-8-14

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SEN PATCH



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