

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Blum for Iowa

ADDRESS (number and street)  (Check if address  
is changed)

2728 Asbury Road Suite 400

Dubuque

IA

52001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

admin@rodblum.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

2. DATE

MM / DD / YY  
09 / 09 / 2025

3. FEC IDENTIFICATION NUMBER ►

C 00543926

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 Ford, David, , ,

Signature of Treasurer

Ford, David, , ,

Date

MM / DD / YY  
09 / 09 / 2025NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 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

Blum, Rodney, , ,

Candidate Party Affiliation

REP

Office Sought:

 House Senate President

State

IA

District

02

(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.)

(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.  \_\_\_\_\_

C  \_\_\_\_\_  
 C  \_\_\_\_\_

Write or Type Committee Name

Blum for Iowa

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

FreedomWorks PAC

Mailing Address

PO Box 75760

Washington

DC

20013

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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

Ford, David, , ,

Mailing Address

11361 Oakland Farms Road

Dubuque

IA

52003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

559 - 770 - 8737

## 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

Ford, David, , ,

Mailing Address

11361 Oakland Farms Road

Dubuque

IA

52003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

559 - 770 - 8737

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

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.

SunTrust Bank

PO Box 4418

Mailing Address

Atlanta

GA

30302

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

1445-A Laughlin Ave

Mailing Address

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|                         |               |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

|                        |
|------------------------|
| C <input type="text"/> |

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

Patriot Day II 2017

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

PO Box 9891

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Arlington

VA

22219

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Connected Organization | <input type="checkbox"/> Affiliated Committee | <input checked="" type="checkbox"/> Joint Fundraising Representative | <input type="checkbox"/> Leadership PAC Sponsor |
|---|---|--|---|

8. **Designated Agent:** Identify by name, address (phone number – optional)

|                                |
|--------------------------------|
| Full Name <input type="text"/> |
|--------------------------------|

|                                      |
|--------------------------------------|
| Mailing Address <input type="text"/> |
| <input type="text"/>                 |

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

|                      |   |
|----------------------|---|
| <input type="text"/> | Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |
|----------------------|---|

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. <input type="text"/> |
|---|

|                                      |
|--------------------------------------|
| Mailing Address <input type="text"/> |
| <input type="text"/>                 |

|                                    |                         |                            |
|------------------------------------|-------------------------|----------------------------|
| San Francisco <input type="text"/> | CA <input type="text"/> | 94104 <input type="text"/> |
| <input type="text"/>               | <input type="text"/>    | <input type="text"/>       |

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|                         |               |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

|                        |
|------------------------|
| <input type="text"/> C |

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

Protect the House

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

PO Box 30844

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Bethesda

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address 

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 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. **Wells Fargo Bank**Mailing Address 

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Bethesda

MD

20814

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

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

FreedomWorks Victory 2018

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

PO Box 26141

\_\_\_\_\_

\_\_\_\_\_

Alexandria

VA

22313

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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, **EagleBank**  
Depository, etc. \_\_\_\_\_Mailing Address **2001 K St NW**

\_\_\_\_\_

\_\_\_\_\_

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|                         |               |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

|                        |
|------------------------|
| C <input type="text"/> |

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

Blum Victory Fund

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

Blum Victory Fund

PO Box 26141

Alexandria

VA

22313

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Mailing Address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

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.

Midwest One Bank

Mailing Address

890 Main St

Dubuque

IA

52001

CITY ▲

STATE ▲

ZIP CODE ▲