

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

09 SEP -4 AM 11:15

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FIEGEN FOR U.S. SENATE

ADDRESS (number and street)

PO BOX 279

☐

(Check if address
is changed)

CLARENCE

IA

52216

-0279

CITY

STATE

ZIP CODE

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

☐

(Check if address
is changed)

fiegenforussenate@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

fiegenforussenate.com

2. DATE

08

27

2009

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

ALICE LOPEZ

Signature of Treasurer

X *Alice Lopez*

Date

08

30

2009

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

FEC FORM 1
(Revised 02/2009)

29020311626

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 THOMAS L. FIEGEN

Candidate Party Affiliation DEM Office Sought: ☐ House ☒ Senate ☐ President State IA 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.	<u></u>	FEC ID number	<u>C</u>
2.	<u></u>	FEC ID number	<u>C</u>
3.	<u></u>	FEC ID number	<u>C</u>
4.	<u></u>	FEC ID number	<u>C</u>

29020311627

Write or Type Committee Name

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

Mailing Address

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

Mailing Address

Title or Position

TREASURER

Telephone number

29020311628

Full Name of
Designated
Agent

Mailing Address

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.

US BANK

Mailing Address

222 SECOND AVENUE SE

CEDAR RAPIDS

IA

52401

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29020311629

Fiegen for U.S. Senate
P.O. Box 279
Clarence, Iowa 52216

SCREENED
BY THE SENATE
POST OFFICE

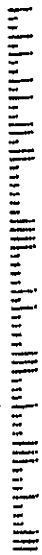
2230130517

Secretary of the Senate
Office of Public Records
P.O. Box 2517
Alexandria, Virginia 22301

CEDAR RAPIDS IA 524
01 SEP 2009 PM 12 7



09 SEP -4 AM 11:16
SECRETARY OF THE SENATE



05311202062

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

09-01-09

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

RD

DATE PREPARED

19-04-09

29020311631

29020311632

