

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC NAIL CENTER  
2016 JUN 20 AM 7:43

Office Use Only

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

12FE4M5

Robert Neeld for Congress

ADDRESS (number and street)

P. O. Box 101508

(Check if address is changed)

Cape Coral

FL

33910

1508

CITY

STATE

ZIP CODE

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

(Check if address is changed)

NeeldRM@robertneeldaccounting.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

RobertNeeldforCongress.com

2. DATE

06 / 11 / 2016

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

Robert M. Neeld

Signature of Treasurer

*Robert M. Neeld*

Date

06 / 11 / 2016

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  
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Only

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

FEC FORM 1  
(Revised 02/2009)

2016-06-20 10:00:00

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 **Robert M. Neeld**

Candidate Party Affiliation **Dem** Office Sought:  House  Senate  President State **FL** District **19**

- (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 **C**
2.  FEC ID number **C**
3.  FEC ID number **C**
4.  FEC ID number **C**

2010-01-01 10:00:00 AM 00007674

Write or Type Committee Name

Robert Need for Congress

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

None

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

Robert M. Neeld

Mailing Address

P. O. Box 101508

Cape Coral

FL

33910

1508

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

202

333

1077

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

Robert M. Neeld

Mailing Address

P. O. Box 101508

Cape Coral

FL

33910

1508

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

333

1077

2010-06-10 10:00:00 AM



ROBERT M NEELD  
P O BOX 101508  
CAPE CORAL FL 33910



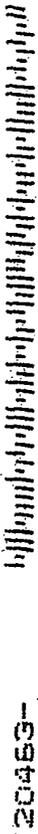
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Federal Election Commission  
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 6/20/16  
 PREPARER DATE PREPARED  
 (3/2015)

NON-PROFIT ORGANIZATION