15051070882

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE

2番的 MAY 15 PM 12: 52 Office Use Only

| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 FEC MAIL GENTER |
|-----------------------------------|----------------------------|--|---|
| Rudy Hobbs for C | congress | | |
| | | | |
| ADDRESS (number and street) | P.O. Box 442056 | | |
| (Check if address is changed) | | | |
| is chargedy | Detroit CITY 🛦 | | M 48244 - STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRES | ss · | | |
| (Check if address is changed) | hobbsforcongres | ss@gmail.com | |
| | Optional Second E-Mai | l Address | |
| COMMITTEE'S WEB PAGE ADD | • • | sforCongress.com | |
| is changed) | 1 1 1 1 1 1 | | |
| | | | |
| 2. DATE 05 1 | 4 | | |
| 3. FEC IDENTIFICATION NU | JMBER ▶ C | | |
| 4. IS THIS STATEMENT | NEW (N) OF | AMENDED (A) | |
| I certify that I have examined th | is Statement and to the | best of my knowledge and belief | f it is true, correct and complete. |
| Type or Print Name of Treasure | r Brandon As | berry | · |
| Signature of Treasurer | 2W (| \ | Date 03'(3'') |
| | | with may subject the person signing MATION SHOULD BE REPORTED | g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS. |
| Office Use Only | | For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100 | |

| Pana | 2 |
|------|---|
| rauu | ~ |

| | didate | OMMITTEE Commitae: |
|---------------|--------------------|--|
| (a) | X | 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 Candi | | Rudy Hobbs |
| Cand Party | idate Affiliati | n DEM Office State DEM Sought: X House Senate President District 14 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Candi | | |
| Part | y Con | mittee: |
| (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party. |
| Polit | 5 10 | ction 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 ts a Lebbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Joint | t Fund | raising 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. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number |
| | 2. | FEC ID number |
| | 3. | FEC ID number |
| | 4. | FEC ID number |

| FEC Form 1 (Revised (| 02/2009) | Page 3 |
|---|---|-----------------------|
| Write or Type Committee Name | | ~ |
| Rudy Hobbs for Congr | ess | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader | ship PAC Sponsor |
| | | |
| | | 11111 |
| Mailing Address | | |
| - | | |
| | | , , - , , , |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | eadership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number - optional) and position of the person in po | ssession of committee |
| Full Name Diana | McBroom | 11111 |
| Malling Address | P.O. Box 442056 | <u> </u> |
| | | 11111 |
| | Detroit MI 482 | 44 - - - |
| Title or Position | CITY STATE | ZIP CODE |
| Assistant Treasure | er | |
| 8. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | ame and address of |
| Full Name Bra | ndon Asberry | |
| Mailing Address | P.O. Box 442056 | |
| | | |
| | Detroit MJ 482 | |
| Title or Position | CITY STATE Telephone number | ZIP CODE |

| FEC Form 1 (Revise | ed 02/2009) | | Page 4 |
|--|---|---------------------|-----------------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| · | CITY | STATE | ZIP CODE |
| Title or Position | Telephone | e number | <u></u> |
| Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which the co aintains funds. | mmittee deposits fu | inds, holds accounts, rents |
| Name of Bank, Depository, | etc. | | |
| , P | NC Bank | | |
| ' | | 1 1 1 | |
| Mailing Address | 535 Griswold Street | 1 1 1 1 1 1 | |
| Mailing Address | | | |
| Mailing Address | | | 48226 |
| Mailing Address | 535 Griswold Street | MI STATE | 48226 - |
| Mailing Address Name of Bank, Depository, | 535 Griswold Street Detroit CITY | | |
| | 535 Griswold Street Detroit CITY | | |
| Name of Bank, Depository, | 535 Griswold Street Detroit CITY | STATE | ZIP CODE |
| | 535 Griswold Street Detroit CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | 535 Griswold Street Detroit CITY | STATE | ZIP CODE |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)