FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

Bob Krause for Senate

ADDRESS (number and street) 204 Arch Street

☐ ◄ (Check if address is changed) Suite 101

Burlington | IA | 52601 –

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◄ (Check if address is changed) krausecares@gmail.com

Optional Second E-Mail Address
Krauseforiowa@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed) None yet

2. DATE M M 12 / D D 08 / Y Y Y Y 2025

3. FEC IDENTIFICATION NUMBER ▶ C C00930107

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 Krause, Robert, Allen, Mr,

Signature of Treasurer Krause, Robert, Allen, Mr, Date M M 12 / D D 09 / Y Y Y Y 2025

NOTE: 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 Only				

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

5. TYPE OF COMMITTEE:

Candidate Committee:

(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 of Candidate: Krause, Robert, Allen, Mr,

Candidate Party Affiliation: DEM

Office Sought: [ ] House [X] Senate [ ] President

State: IA

District: 00

(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. C

2. C

Write or Type Committee Name

Bob Krause for Senate

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 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: Krause, Robert, Allen, Mr,

Mailing Address: 204 Arch Street

Suite 101

Burlington | IA | 52601

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number 515 – 657 – 0069

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: Krause, Robert, Allen, Mr,

Mailing Address: 204 Arch Street

Suite 101

Burlington | IA | 52601

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number 515 – 657 – 0069

Full Name of Designated Agent: Krause, Robert, Allen, Mr,

Mailing Address: 204 Arch Street

Suit 101

Burlington | IA | 52601

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

candidate

Telephone number: 515 – 657 – 0069

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.

Iowa State Bank

Mailing Address: 55 South 4th Street

Fairfield | IA | 52556

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲