

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
15 SEP 28 PM 5:33
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Rob Hogg for U.S. Senate

ADDRESS (number and street)

PO Box 1361

☐

(Check if address
is changed)

Cedar Rapids

IA

52406

CITY

STATE

ZIP CODE

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

☐

(Check if address
is changed)

rob@mail.robhogg.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.robhogg.org

2. DATE

09 / 18 / 2015

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

Matthew Blake

Signature of Treasurer

Date

09 / 18 / 2015

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)

201509280200248986

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. Hogg

Candidate Party Affiliation

DEM

Office Sought:

☐

House

☒

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:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

201509280200248987

Write or Type Committee Name

Rob Hogg for U.S. 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 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

Catherine Engel

Mailing Address

907 27th Street

West Des Moines

IA

50265

Title or Position

CITY

STATE

ZIP CODE

Secretary

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

Matthew Blake

Mailing Address

2729 49th Street

Des Moines

IA

50310

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

201509280200248988

Full Name of
Designated
Agent

Gary Dickey

Mailing Address

301 East Walnut Street, Suite 1

Des Moines

CITY

IA

STATE

50309

ZIP CODE

Title or Position

Counsel

Telephone number

515

288

5008

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.

Veridian Credit Union

Mailing Address

2005 Ingersoll

Des Moines

CITY

IA

STATE

50309

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

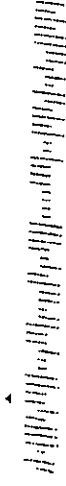
CITY

STATE

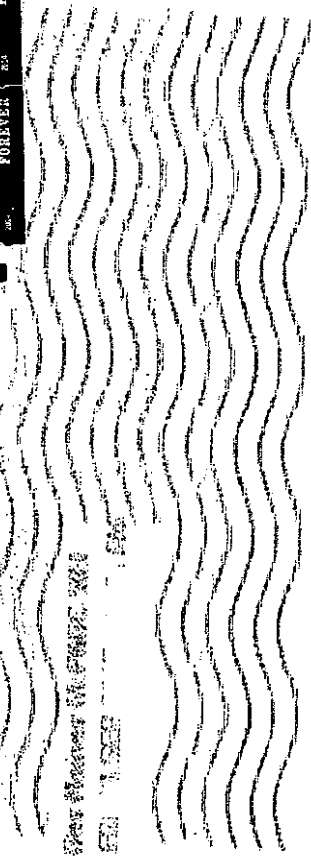
ZIP CODE

201509280200248989

201509280200248990
DICKEY & CAMPBELL
LAW FIRM P.L.C.



301 East Walnut Street, Suite 1 | Des Moines, Iowa 50309



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Secretary of the Senate
Office of Public Records
PO Box 77578
Washington, DC 20013-7578

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BY THE SENATE
POST OFFICE**

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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9-28-15
Date of Receipt

9-18-25
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NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

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UPS

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AIRBORNE EXPRESS

☐

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Date of Receipt

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DATE PREPARED

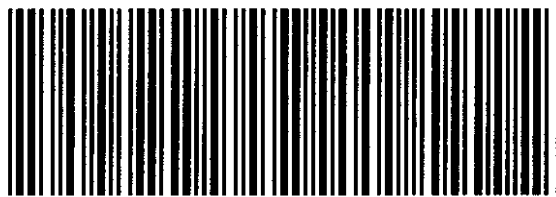
9-28-15

2/28/2015

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