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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Ash Grove Cement Political Action Committee 11011 Cody Street ADDRESS (number and street) (Check if address is changed) Overland Park, KS 66210 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS erin.shannon@ashgrove.com (Check if address is changed) Optional Second E-Mail Address erin.shannon@ashgrove.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ashgrove.com (Check if address is changed) DATE 2012 C00102517 FEC IDENTIFICATION NUMBER > 3. X 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. Beachner, Kim, R., Mr., Type or Print Name of Treasurer Beachner, Kim, R., Mr., [Electronically Filed] 80 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
`′ Ц	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.		

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Write or Type Committee Name	1.2000)	i age 🕽
•	ent Political Action Committee	
	rganization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
Ash Grove Cement Pol	itical Action Committee	
	P.O. Box 25900	
Mailing Address	1.0. Box 23300	
	Overland Park KS	66225
	CITY STATE	ZIP CODE
Relationship: Connected	Organization  Affiliated Committee  Joint Fundraising Representation	ative Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the p	person in possession of committee
Shannon, E	:rin, , ,	
Mailing Address	11011 Cody	
Walling Address		
	Overland Park KS	66210
Title or Position	CITY STATE	ZIP CODE
Legal Asst.	Telephone number	913 - 319 - 6123
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee ssistant treasurer).	; and the name and address of
Full Name Beachner, k	(im, R., Mr.,	1
of Treasurer	11011 Cody St.	
Mailing Address	<u> </u>	
	Overland Park KS	66210
	CITY STATE	ZIP CODE
Title or Position Treasurer		913 - 319 - 6153

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Full Name of Designated Agent Ryan, Ste	phen, M, ,		
Mailing Address	11011 Cody St.		
	Ounday of Port	V6	
	Overland Park  CITY	STATE 66210	ZIP CODE
Title or Position VP& Gen. Counsel		number 913	319   -   6126
safety deposit boxes or mair Name of Bank, Depository, o		ımittee deposits funds, hol	ds accounts, rents
	1200 Main St.		
Mailing Address			
	Kansas City	MO 64105	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Renresentativ	or Leadershin PAC Snore
CRH AMERICAS	_	along Hoprocontains	o, or Loudoromp 1 Ac opon
	1 800 MAINE AVENUE		
Mailing Address			
	SUITE 800		
	WASHINGTON	DC	20024
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A