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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) is changed) over the lines. EMPLOYEE--OWNED S CORPORATIONS OF AMERICA PAC (ESCA PAC) 1341 G STREET, NW ADDRESS (number and street) SUITE 600 (Check if address is changed) WASHINGTON 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nlundberg@vennstrategies.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00458257 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. Matt Foster Type or Print Name of Treasurer Matt Foster [Electronically Filed] 80 18 2015 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

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	COMMITTEE e 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) X	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
	X 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	
Cor	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number C	

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Write or Type Comn	nittee Name
EMPLOYE	EOWNED S CORPORATIONS OF AMERICA PAC (ESCA PAC)
6. Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Employeeow	ned S Corporations of America
	1341 G Street, NW
Mailing Address	
	Suite 600
	Washington DC 20005
	CITY STATE ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
. Custodian of Re books and record	cords: Identify by name, address (phone number optional) and position of the person in possession of committee s.
	Noelle M. Lundberg
Full Name	,1341 G Street, NW
Mailing Address	Suite 600
	Washington DC 20005
Title or Position	CITY STATE ZIP CODE
Custodian of Rec	cords Telephone number 202 466 8700
	e name and address (phone number optional) of the treasurer of the committee; and the name and address of gent (e.g., assistant treasurer).
Full Name of Treasurer	Matt Foster
Mailing Address	1333 NW Vivion Road
	Kansas City MO 64118
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number   816   746   7219

Telephone number

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Full Name of Designated	Stephanie Silverman	
Agent	. 13/11 G Street NW/	
Mailing Address	1341 G Street, NW	
	Suite 600	
	Washington DC 20005	
	CITY STATE ZIE	IP CODE
Title or Position Assistant Treasu	urer	66 8700
		accounts, rents
safety deposit bo Name of Bank, [	oxes or maintains funds.	accounts, rents
safety deposit bo	Depository, etc.  M&T Bank	accounts, rents
safety deposit bo Name of Bank, [	Depository, etc.  M&T Bank	accounts, rents
safety deposit bo Name of Bank, [	Depository, etc.  M&T Bank  1680 K Street  Washington  DC 20006	accounts, rents
safety deposit bo Name of Bank, [	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI  Depository, etc.	
Name of Bank, I	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI  Depository, etc.	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI  Depository, etc.	
Name of Bank, I	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI  Depository, etc.	
Name of Bank, I	Depository, etc.  M&T Bank  1680 K Street  Washington  CITY  STATE  ZI  Depository, etc.	