FEC FORM 1		STATEMEI ORGANIZ		Of	PAGE 1 / 5
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Ohioans fo	r Our I	Future PAC			
ADDRESS (number a	nd street)	7509 NW Tiffany Sprgs Prkw	y 		
(Check if a		Suite 300			
is changed	1)	Kansas City		MO 641	53
				STATE A	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS			
(Check if a is changed	address	James@jct3law.com			
is changed	1)	Optional Second E-Mail Ad	dress		
(Check if a is changed)					
2. DATE 0.	M / D 4 17				
3. FEC IDENTIFIC	CATION NU	JMBER ► C c	00676593		
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasure	Thomas, James, C, , III			
Signature of Treasure	Them	as, James, C, , III	[Electronically Filed]	Date 04	D D / Y Y Y Y 18 2018
NOTE: Submission of			may subject the person signing to N SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FE	C Form 1 (Revised 02/2009)	Page 2
TYPE (DF COMMITTEE	
Candi	date 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. (Com information below.)	plete the candidate
Name o Candida		
Candida Party A		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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 se 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
:	2 FEC ID number C	
;	3 FEC ID number C	
	4.	

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Write or Type Committee Name

Ohioans for Our Future PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address											
CITY STATE ZIP COE											
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.

Thomas,	James, C, , III
Full Name	
Mailing Address	7509 NW Tiffany Springs Prkwy
	Suite 300
	Kansas City MO 64153
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 816 584 9393

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	Thomas, James, C, , III
Mailing Address	7509 NW Tiffany Springs Prkwy
	Suite 300
	Kansas City MO 64153 –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 816 584 9393

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Full Name of Designated Agent				I		1							 										1							
Mailing Address																														
			L																1									1		
					1			1	1												1		L					I		
	CITY									STATE ZIP CODE																				
Title or Position																														
															Tele	eph	ione	e n	uml	ber										

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.

	Commerce Bank			
Mailing Address	1000 Walnut			
	Kansas City			4105
		CITY	STATE	ZIP CODE
Name of Bank, D	Depository, etc.			
Mailing Address				
		CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: