## 15031043153

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2013 MAR -4 AM 8: 23

				Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	77.
Kansas Action Commi	ittee for Rural Ele	ctrification		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
or Kansas Electric	Cooperatives, Inc.		· · · · · · · · · · · · · · · · · · ·	
ADDRESS (number and street)	PO Box 790			
(Check if address is changed)				
· ·	Meade CITY▲		KS 67 STATE ▲	8 6 4 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	kthompson@cmsele	ectric.com		
	Optional Second E-Mail Ad   bgraham@kec.org	ldress	<del></del>	
COMMITTEE'S WEB PAGE AD	ODRESS (URL)			
(Check if address is changed)				
**			1111111	
2. DATE 0.2 2	.6.] / [2.0.1.3.]		· : .	
3. FEC IDENTIFICATION N		2.0.0.1.0.5.6.1.		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasur	rer Kirk A. Thompso	on	·	
Signature of Treasurer	July W Street	mysoz	Date 0 2	26 2013
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATION	n may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use		For further Informatio Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 06/2012)

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	FI	EC For	m 1 (Revised 02/2009)	Page 2			
5.		PE OF COMMITTEE					
		indidate Committee:					
	(a)	(m-1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)					
		lame of candidate					
	Candi Party	date Affiliatio	Office star Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi	-					
	Part	y Com	nmittee:				
	(d)		g " (Ivalional, State g " (	Democratic, Republican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):				
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a:			
			Corporation Corporation w/o Capital Stock	Labor Organization			
			Membership Organization Trade Association X	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 Lebbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Join	t Fund	draising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
	(h)	To the state of th	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			
		Con	nmittees Participating in Joint Fundraiser				
		1.	FEC ID number	i ya waqooninga aanganaa qaraa qaraa q In mada aanada nadha aandha aandha a			
		2.	FEC ID number C	al emilye esil madisasi k <u>an di</u> leni			
		3.	FEC ID number	. Transperença et promprese que en la comprese que en la comprese que en la comprese que en la comprese que en			
		4.		apan ganaganapan dan darah San kandanaban dan darah			

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Kansas Action Committee for Rural Electrification Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Action Committee for Rural Electrification Cooperative. Wilson, Blvd Mailing Address Α rlington CITY STATE ZIP CODE Leadership PAC Sponsor Relationship: Connected Organization XAffiliated Committee Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Kirk A. Thompson Full Name PO Box 790 Mailing Address Meade KS 67864 Title or Position STATE ZIP CODE CITY 8 7 3 2 1 8 4 Treasurerr Telephone number 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 Thompson of Treasurer Mailing Address 67864 ZIP CODE CITY STATE Title or Position 6,2,0,8,7,3,-12,1,8 Treasurer Telephone number

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USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	ceipt or Postmarked				
PREPARER	2/4/13 DATE PREPARED				
(3/2005)	DATE THE ARED				