STATEMENT OF

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FORM 1		OR	GANIZ	ATIO	N				Office Use	e Only		
1. NAME OF COMMITTEE (in	full)		ck if name anged)	-	ole:If typing, ty ne lines.	ype	12FE	4M5				
EMPLOYE	EOWI	NED S	CORPOR	RATIC	ONS OF	AME	ERIC	A PA	C (E	SCA	PA	C)_
												Ш
ADDRESS (number a	nd street)	805 15TH ST	REET NW SUIT	E 650								
(Check if a is changed	address	1				1 1 1		1 1		1 1 1		
is changed	1)	WASHINGTO					DC		0005	ZIP CO	DE 🛦	
COMMITTEE'S E-MA	AL ADDRES	S										
(Check if a is changed		nlundberg	@vennstrate	gies.com	1							
		Optional Sec	ond E-Mail Add	dress								. 1
Check if a is changed	address I)		Y Y									
2. DATE 12	2 06	201										
3. FEC IDENTIFIC	CATION NU	MBER ▶	Cc	00458257								
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED	(A)						
certify that I have e	examined thi	s Statement a	and to the best	of my kno	owledge and b	pelief it is	s true, c	orrect an	d comp	lete.		
Type or Print Name o	of Treasurer	Mike Talboy										
Signature of Treasure	er <i>Mike T</i> ——	alboy		[H	Electronically Fil	<u>led]</u> [Date	12	06	D / Y	2013	Y
NOTE: Submission of			lete information	-					e penalti	es of 2 U	.S.C. §4	37g.
Office Use Only				Fo To	or further inforn ederal Election C oll Free 800-424- ocal 202-694-110	Commission 9530				FORI sed 06/20		

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE :	<u> </u>
(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 Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee: (National, State	(Domocratic
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization X 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	raising 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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

Title or Position Treasurer

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Write or Type Committee Name		455104 540	(5004 D40)
EMPLOYEEOW	NED S CORPORATIONS OF AN	MERICA PAC	(ESCA PAC)
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Leaders	ship PAC Sponsor
EmployeeOwned S (Corporations of America		
Mailing Address	805 15th St. NW		
	Suite 650		
	Washington	DC 20005	
	CITY	STATE	ZIP CODE
books and records. Noelle M.	ntify by name, address (phone number optional) and pos	ition of the person in po	ssession of committee
Full Name	805 15th Street, NW		
Mailing Address			
	Washington	DC , 20005	
	vvasimigion		
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	Telephone nu	ımber	466 - 8700
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	ne committee; and the na	ame and address of
Full Name Mike Talbo	y 	1 1 1 1 1 1 1 1	
Mailing Address	9400 Ward Parkway		
	ı Kansas City	I MO I 164114	1.1

CITY

STATE

Telephone number

816

ZIP CODE

6228

823

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Full Name of Designated Agent	Stephanie Silverman		
Mailing Address	805 15th Street, NW		
	Washington	, DC ,	20005
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasu	rer Telephor	ne number 202	_ 466 8700
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the coxes or maintains funds. epository, etc. M&T Bank	ommittee deposits fur	nds, holds accounts, rents
Mailing Address	1680 K Street		
	Washington	DC	20006
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			