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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. Missouri Bankers Association Federal PAC PO Box 1122 ADDRESS (number and street) (Check if address is changed) Jefferson City 65102 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .coverfelt@mobankers.com (Check if address is changed) Optional Second E-Mail Address elewis@mobankers.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00172494 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. Craig Overfelt Type or Print Name of Treasurer Craig Overfelt [Electronically Filed] 02 2016 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 Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
	ndidate	lidate Committee:				
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate						
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Nam Cand	ne of didate					
Par	ty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Poli	itical A	ction Committee (PAC):				
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization X 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 segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	nt 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			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

	20(2020)	- A							
FEC Form 1 (Revised (Page 3							
Write or Type Committee Name									
Missouri Bankers Association Federal PAC									
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor							
Missouri Bankers Asso	ociation								
Mailing Address	207 E Capitol Ave.								
	Jefferson City MO CITY STATE	65101 ZIP CODE							
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor							
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the p	person in possession of committee							
Craig Over	rfelt	ı							
Full Name	PO Box 1122								
Mailing Address									
	Jefferson City MO	65102							
Title or Position	CITY STATE	ZIP CODE							
Sr Vice President	Telephone number	573 - 636 - 8151							
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of							
Full Name Craig Over	rfeit								
Mailing Address	PO Box 1122								
		<u> </u>							
	Jefferson City MO	65102							
Tidle on Desiries	CITY STATE	ZIP CODE							
Title or Position Sr Vice President	Telephone number	573 - 636 - 8151							

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Full Name of Designated Agent Emily L	_ewis							
Mailing Address	PO Box 1122							
	Jefferson City CITY	STATE	ZIP CODE					
Title or Position Assistant Treasurer		Telephone number 573	_ 636 8151					
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. Providence Bank								
Mailing Address	815 W Stadium Blvd							
	1		1					
	Jefferson City	MO [6	55109					
	CITY	STATE	ZIP CODE					
Name of Bank, Depositor	ry, etc.							
Mailing Address								
	CITY	STATE						

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Amended to update Assistant Treasurer information.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor AMERICAN BANKERS ASSOCIATION PAC (BANKPAC) 1120 CONNECTICUT AVENUE NW Mailing Address SUITE 600 WASHINGTON DC 20036 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number